An exploration of a holistic approach to counselling psychology integrating mind, body and spirit

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Submitted in fulfilment of the requirements for the degree of:

Doctor of Psychology

Department of Psychology

City University, London

October, 2015

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Table of Contents

Chapter 2

Chapter 3

Chapter 4

Part B

Part C

Acknowledgements

To my parents to whom I owe a debt of gratitude for many things including the legacy that led me to this research project. I have had the great fortune of working with Aylish O'Driscoll as my research supervisor and I thank her for her patience, perseverance and unflagging optimism. Without the support of my Buddhist practice, the community of Buddhist practitioners in the SGI and my mentor Daisaku Ikeda I would not have had the strength to continue. I thank my children for understanding how important this has been to me. But mostly I would like to thank the participants in this research project for their selfless courage in contributing and assisting me in bringing this project to fruition; without whom it would not have been possible and for giving a voice to all those who did not make it.

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Preface

Introduction and doctorate portfolio overview

This preface introduces the components that form the professional doctorate in counselling psychology portfolio of work that investigates an integrated and holistic approach to the individual in counselling psychology. The components of this portfolio are comprised of a research study which explores the experiences of UK based Ugandans' relationship to their parents who lived in Uganda during Idi Amin's regime; a client study which applied the integration of the Psychodynamic and Cognitive Behavioural Therapy (CBT) approaches in the treatment of health anxiety; and a publishable paper which presents a condensed version of the findings of the research paper focussing on the need for a holistic approach to the individual by encompassing the aspects of mind body and spirit. In this preface, each component will be considered within the context of the importance of taking a holistic approach to the individual in counselling psychology, considering the role of mind, body and spirituality on individual well-being as well as the wider socio-cultural and historical context within which the individual is embedded. This approach foregrounds the participants' experience and clients' needs which Yardley (2000) and Frost (2012) exhort as essential to the pluralism to which counselling psychology aspires.

Furthermore, this portfolio represents my own growth as a counselling psychologist through which I have developed an interest in community psychology; recognising the role that counselling psychologists can have in ameliorating wider social problems and the importance of working in collaboration with communities to support individuals. It also encompasses the parallel process I have experienced during my training in which, as a result of researching my Ugandan heritage through this project my own physical manifestations of intergenerational transmission of trauma (IGTT) emerged. Moreover, my Buddhist practice helped me to make meaning of, and gain new insights from my experiences, transforming them into a new found source of strength and resilience. The development of my professional identity is underpinned by empirical research and is compatible with the reflective-practitioner model of counselling psychology to which this portfolio seeks to contribute.

Thematic connection to the portfolio parts

The theme woven throughout the three parts of the portfolio is a holistic stance to counselling psychology to all parts of individual experience. It highlights the need for an integrated approach which explicitly acknowledges the inner resources of the individual including spiritual beliefs and the nurturing of these resources to facilitate the healing process; it explores the embodied nature of trauma and how the body can be used as a means of accessing the client's trauma and understanding how all three elements of mind, body and spirit can interact in the healing of trauma. This portfolio further highlights the importance of understanding that traumatisation does not occur in isolation but acknowledges how the family, the community and the wider socio-cultural and political context within which the individual is embedded impacts well-being. As well as a holistic stance, this portfolio takes a pluralistic approach which opens up in which several psychological theories and ideas from other disciplines can complement each other and coexist.

The empirical component of the portfolio is a qualitative study exploring the experiences of UK based Ugandans' relationship to their parents who lived under Idi Amin's regime in Uganda. The study forms part A of the portfolio which represents the intersection in the literature between attachment theory and IGTT. Interpretative Phenomenological Analysis (IPA) is used to explore the participants' subjective experiences and the meaning making activities around those experiences (Smith, Flowers and Larkin, 2009). The study attempts to expand on underreported areas in the existing literature on IGTT; factors which may act as a buffer against the negative effects of trauma transmission, the role of the socio-cultural environment, and offers a novel insight into IGTT from a spiritual perspective. The research study seeks to take a culturally sensitive approach which is vital in understanding the diversity and richness of subjective experience. Moller (2011) accuses British counselling psychology of creating an identity which is "rigid", "irrelevant" and "disappointingly insular in its outlook", suggesting that a commitment to multiculturalism and diversity is essential if the profession is to be responsive to the needs of our increasingly multicultural society.

My initial interest in the phenomenon of IGTT in second generation Ugandans came from my own experience of having parents who left Uganda because of Idi Amin's regime; my observations of my parents' reluctance to discuss their experiences and the physical and psychological difficulties they have faced, and how I perceived these to be connected to my own life. My observations of other Ugandans of my parents' generation who lived through the Idi Amin era in Uganda led me to wonder whether my experience of my parents was shared by other second generation Ugandans who similarly did not have direct experience of

4

the regime. Furthermore, my knowledge of the continuing socio-economic problems in Uganda such as the high rate of depression, alcoholism and AIDS/HIV infection since the Idi Amin regime, led me to wonder about the interaction between past trauma and the present situation. Specifically relating my inquisitiveness to the applicability of counselling psychology, I was struck by the pervasiveness of war conflict trauma and its possible presentations in clients and those in non-clinical setting who may not actively seek support; hence the need for a greater understanding of this population. It is my hope that this understanding could be disseminated from counselling psychology to other professions and agencies which might encounter similar populations. To prevent my personal bias from unduly influencing the research process I maintain a reflexive stance throughout, remaining faithful to the participants' subjective experiences, locating my interpretations and finding within the context of existing research.

The professional component of the portfolio highlights the integrated use of a Psychodynamic approach and CBT in the treatment of client with health anxiety. The specific manifestation of the clients' health anxiety focused on her breasts revealed a relational aspect rooted in her attachment relationship with her mother, which I was able to explore with the client using a psychodynamic approach. In this way the client was better able to gain insight into the origins of her anxiety and therefore to identify her triggers. By using the client's experience of her body in this way, we were able to access reactions and emotions that may have developed at a pre-verbal stage in her life as they related to her early attachment experiences, not easily accessible using CBT methods alone. Our sessions facilitated an open, non-judgemental space allowing the client to explore her reasons for her obsessive checking behaviours and to understand these behaviours in the context of her attachment relationships and family system. Acknowledging the client's disrupted attachment allowed her to be seen and for her emotional needs within the therapeutic relationship to be met.

This case presentation affords me the opportunity to demonstrate my development within the context of client work which had implications for me in supervision and personal therapy by revealing my own attachment needs. By processing these experiences in the appropriate contexts I was able to use my countertransference feelings in the service of the working therapeutic alliance to better support the client and allow space for her needs to be adequately met. Through this work I was able to appreciate how with rigorous reflexivity my personal experience can facilitate a better understanding of the clients' perspectives.

The publishable paper presents the findings of the main research within the context of existing IGTT theory in a suitable format for publication in a journal such as the British

Psychological Review. In this part I focus on the importance of regarding the individual holistically, giving equal consideration to mind, body and spirit in trauma treatment. I outline the background to the Idi Amin regime to help provide a context for the participants' parents' experiences, before going onto to consider the existing literature on IGTT and the role attachment plays in this. The publishable paper contributes to the existing IGTT literature by looking at IGTT within the specific context of the Idi Amin regime in Uganda; highlighting the embodied, spiritual as well as emotional aspects involved in the processing of trauma. By challenging the existing assumptions from the empirical research on IGTT I adhere to the aspiration of counselling psychology research of avoiding the imposition of meaning onto participants' and clients' experiences in terms of subjective meaning making agendas (BPS, 2009). Furthermore, explicitly acknowledging the body as the site of meaning making, as exhorted by Finlay and Langridge (2007) and Nightingale and Cromby (1999) is in keeping with the phenomenological stance of the portfolio and my clinical approach as a counselling psychologist. As highlighted by Ogden, Minton and Pain (2006), this is in contrast to conventional forms of therapy which focus on narrative expression as the fundamental means of change to the exclusion of discussions about the body.

Conclusion

To summarise, this portfolio endeavours to honour the reflective-practitioner and scientist-practitioner models of counselling psychology (Kasket and Gil-Rodriguez, 2011) and how I situate the development of my professional identity within these models. This portfolio of work thematically weaves a thread about the different routes of entry for the counselling psychologist to understanding the clients subjective meaning making experiences including the mind, body and spirit and the way these can in turn be used by the counselling psychologist to facilitate the healing process in clients. This portfolio as a representation of my emerging professional identity necessarily comes from my perspective as a Black British woman of Ugandan descent and as such demands a cultural sensitive approach to research and clinical practice; thereby challenging the current dominance of a western and euro-centric approach in counselling psychology. I believe that such a challenge is essential if the profession is to serve the needs of the multicultural society within which it operates.

Part A: Research Component

A phenomenological study of the intergenerational transmission of trauma in UK based Ugandans from parents who lived in Uganda during Idi Amin's regime

Abstract

Multiple studies on the topic of intergenerational transmission of trauma (IGTT) have been carried out internationally in various contexts; however little is known about IGTT in the context of the Idi Amin regime in Uganda. The present study explored the outcomes and mechanisms via which the trauma of one generation who lived through Idi Amin's regime impacted the subsequent generation. Using an Interpretative Phenomenological Approach (IPA), this study investigated the subjective experiences, beliefs and perceptions of six Ugandans now based in the UK, whose parents lived in Uganda under Idi Amin's military rule. Five superordinate themes were identified: 1. "Family dynamics" which described the family system as the place in which the parents' trauma was seeded and the effects of their trauma were experienced; "Absence and loss" which highlighted the traumatic events and negative outcomes of the trauma such as psychological absence and death; "Sense making as a process" which included participants' more positive interpretations of their experiences such as making meaning through suffering and gaining strength from their difficulties; "The dynamic nature of memories and remembering" highlighted dynamic interaction of the participants with the narrative of their traumatic experiences and ability to reframe them; and "The individuation process" which explored the impact that the participants experiences had on their adult life. The findings are discussed in terms of the existing theories on IGTT and implications for practice are explored, including a recommendation for a multilevel framework considering the family and community-societal levels, and a holistic approach to trauma treatment which integrates the mind, body and spirit.

Chapter 1

Introduction

This chapter introduces the research component of the portfolio. The research takes a phenomenological approach exploring the experiences of UK based Ugandans growing up with parents who lived under Idi Amin's rule in Uganda; specifically investigating their experiences of the phenomenon of intergenerational transmission of trauma (Dekel and Goldblatt, 2008) from their parents. The following section gives the historical context to the Idi Amin regime in Uganda; a military government which lasted from 1971- 1979. The current research is then situated within the wider context of existing literature on attachment and the IGTT. A critical review of the literature regarding attachment theory and the intergenerational transmission of trauma will be given concluding with the rationale for the research study.

1.1 Background to the project

To understand how the second generation (that is those who were still young children during, or those born after Idi Amin's regime) experienced growing up with parents who lived through the Idi Amin regime and (for some) its aftermath, it is necessary to understand what marked out this period in history as significant. The Idi Amin regime was characterised by its brutality, violence and inhumanity that created the traumatic environment of abject fear and paranoia under investigation in the current study. Before turning attention to the Idi Amin era, it is important to explore the factors which may have contributed to Amin's rise to power. In this way building a picture of three generations of Ugandans who have experienced war conflict to explore the concept of intergenerational transmission of trauma.

1.1.1 The Coup

In January 1971 Idi Amin led a military coup to overthrow Milton Obote and become Uganda's third president (Fairhall, 1971) During Amin's rule it is estimated that between 100,000 and 500,000 Ugandans were massacred by his terror squads, many more fled the country (2003, August 16 retrieved from www.nytimes.com) and in 1972 Amin expelled approximately 70,000 Asians of Indian and Pakistani descent (Lakhani, 2012).

1.1.2 The Economy

As a consequence of Idi Amin's poor economic strategies and his expulsion of Asian Ugandans, the economy suffered. The British first brought Indians to Uganda at the end of the nineteenth century, initially as labourers and then as the "middle men of colonialism" (Rice, 2009) by creating a merchant middle class. During the independence movement resentment grew amongst Black Ugandan's towards Indians which Uganda's economic system favoured. Amin garnered support by being the first politician to challenge this economic inequality by calling for "Africa for the Africans" (Idi Amin, 1972). On gaining power Amin gave away the shops vacated by the recently expelled Asians to his tribesmen. Most of these were inexperienced soldiers who soon sent these business into financial ruin. Staples like bread, salt and tea became scarce and the black market economy flourished causing legal exports to decline. As a consequence of this decline of legal exports farmers who were unable to get a decent price for their crops only grew enough to sustain their families. Faced with Uganda's economic decline Amin resorted to printing more money thereby increasing its circulation by 600 percent and creating hyperinflation which rendered the notes worthless.

1.1.3 Armed conflict, mental and physical health

The deterioration of the Ugandan economy contributed to the widespread displacement of its peoples. Despite the fact that Amin was ousted in 1979, armed conflict continued to rage in parts of Uganda until as recently as 2006 (Kinyanda and Musisi, 2002; Allen, 1991; Pham, Vinck, Stover, 2008) leaving around 200,000 out of 2 million in the North of Uganda displaced by January 2010. Muhwezi, et al. (2011) propose that such internal and external displacement of the population is one of the effects of armed conflicts; resulting in direct consequences such as death, disease, stress and migration as well as indirect consequences from the breakdown of socio-economic foundations of the country; infrastructure, loss of human capital, famine from the disruption to agriculture and poverty in general. Furthermore, they identify the spread of HIV/AIDS as one of the indirect consequences of conflict trauma, arguing that such poor economic conditions contribute to the disintegration of societal norms particularly those concerning sexual behaviour, stating that when resources are limited in such an economic climate, women in particular become more vulnerable to the high risk sexual behaviours (HRSB) associated with HIV/AIDS. Rebels were also known to commit acts of sexual violence with rape being a widespread tool of war. Post-conflict Muhwezi et al. (2002) observed that gender–based abuse remained a prevalent problem associated with exposure to war trauma in Uganda.

Moreover, Muhwezi et al. (2011) associate the displacement of people with several mental health outcomes. Amongst the population they studied there was the perception that many

of the difficulties in society were connected to the exposure to conflict trauma and that after prolonged war trauma people exhibited ongoing emotional difficulties comorbid with alcohol abuse. They go on to say that HRSB were also turned to in an attempt to alleviate such suffering. Muhwezi et al. (2011) go on to observe that internment in refugee camps where employment is low or non-existent contributed to feelings of hopelessness and learned helplessness which Mbulaiteye et al. (2009) further identify as a pre-disposing factors to alcohol abuse and HRSB. Muhwezi et al. (2011) found that persistent exposure to conflict trauma was not only associated alcohol abuse and worry but also with depressive symptoms such as rumination, despair, hopelessness suicidality and pathological fear.

According to Verdeli et al. (2003) depression in Southwest Uganda is perceived by local people to be an outcome of the HIV/AIDS epidemic. Indeed, at 23 percent, the prevalence rate of HIV in Southwest Uganda was one of the highest in the world in the 1990's. The findings of a 2000 health survey of Southwest Uganda supported this perceived link between HIV/AIDS and depression finding the rate of depressive symptoms was as high as 24 percent in some areas (Verdeli, et al., 2003)

The impact of depression is considered by local people within these communities to be highly debilitating not only for the individuals suffering from depression but for the community as a whole by impairing social functioning, the ability to work, participate in the community and care for their families. In an attempt to alleviate the effects of depression the help of traditional healers is often sought to treat their depressive symptoms, however many healers found that they were unable to treat syndromes described in Luganda as 'y'okwetchawa' and 'okwekubaziga' – self-loathing and self-pity respectively Bolton (2002). In their ethnographic research in a region of Southwest Uganda Bolton (2002) and his colleagues considered psychotherapeutic intervention in the treatment of depression as the only feasible option in for the treatment of these depressive symptoms because of the dearth of physicians and prohibitively high cost and anti-depressants. This lead to their adaptation of group Interpersonal Psychotherapy (IPT-G) for use in Uganda. Many of the triggers to depression identified in the adaptation of IPT-G were consistent with the findings of Muhwezi et al. (2011) and others about the factors associated with depression in Uganda; including; the death of a loved one due to AIDS, disease and wars, boundary and property disputes among neighbours, women passively accepting or being forced by an HIV infected husband not to use condoms, life changes from becoming sick with AIDS and being unable to find employment. Poverty was also considered a risk factor for depression.

Musisi (2004) proposes that many communities across Africa are experiencing "culture-bound PTSD syndromes", the secondary effects of which he believes may span generations

and have a deleterious effect on the psycho-social behaviour of communities for example by increasing domestic violence, child abuse and substance abuse. Moreover, he states that war trauma can have a significant negative impact on public health and the socio-economic development of the affected societies which can last generations. Musisi's (2004) claim of the secondary effects of trauma being carried over to subsequent generations implies the existence of IGTT, of which it could be argued the current psychosocial problems in Uganda as detailed above are manifestations.

1.2 Definition of trauma

When discussing the concept of IGTT it is useful to look at the available definitions of what constitutes trauma. However, as Atkinson, Nelson and Atkinson (2010) point out, there is significant controversy as to whether the concept of trauma relates to events, the conditions in which the individual lives or the way in which the individual experiences said event or living conditions. The word "trauma" tends to be reserved for major events that are psychologically overwhelming for an individual. The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR; American Psychiatric Association [APA], 2000) specifically defines a trauma as

> direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior) (Criterion A2) (p. 463)

DSM-IV-TR (APA, 2000) also provides a list of potentially traumatic events, including combat, sexual and physical assault, robbery, being kidnapped, being taken hostage, terrorist attacks, torture, disasters, severe automobile accidents, and life-threatening illnesses, as well as witnessing death or serious injury by violent assault, accidents, war, or disaster. Others have expanded this definition by including complex trauma which van der Kolk (2014) terms 'Developmental Trauma Disorder' resulting from a traumatic attachment. This complex trauma can result from the mother's chronic misattunement to the infant due to her own traumatisation, from abuse or neglect (Mucci, n.d.) or early loss of an attachment figure (Ruppert, n.d.). Added to these perspectives on personal, individual trauma others have identified trauma on a collective level. Alleyne (2004) refers to the collective, unconscious and unspoken traumatic experiences of a peoples. This includes historical

trauma which, when combined with related collective memories and continuing socio-cultural and socio-economic disadvantages, pre-dispose people to vulnerabilities in the expression and transmission of intergenerational trauma effects. The current research will investigate both personal and collective trauma and how they intersect.

The diagnosis of post-traumatic stress disorder (PTSD) remains contentious despite its inclusion in the Diagnostic and Statistical Manual of mental disorders (DSM) 30 years ago (McNally, 2010). The DSM defines trauma as 'an extreme traumatic stressor' (American Psychiatric Association, 2005, p463). Based on the ICD-10 definition of PTSD the guidelines define PTSD as a "disorder that people may develop in response to one or more traumatic events such as deliberate acts of interpersonal violence, severe accidents or military action." (NICE guidelines 2005, p.5) The World Health Organization goes on to define a traumatic event as one which is "of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone" (World Health Organization, 1992: p.147). However, the emphasis that is placed by these definitions on the contrast between extreme and not extreme attempts to quantify subjective experience, thereby negating the fact that individuals process events differently according to individual differences, prior experience and current circumstances (Atkinson, Nelson, Atkinson in N Purdie, P Dudgeon, and R Walker 2010) including culture. Others such as Figely (1985), van der Kolk (2007) Ruppert (n.d.) conceptualise trauma as both an emotional and behavioural response to catastrophic life-threatening events and their sequelae. Furthermore, PTSD is only one of a number of stress related disorders categorised as "Neurotic, stress-related and somatoform disorders" (F40-8) contained under the further sub category "Reaction to severe stress, and adjustment disorders" (F43) and is, therefore not the only psychological disorder indicative of trauma. Nevertheless, the symptoms of PTSD include: re-experiencing symptoms through involuntary intrusive thoughts and imagery, flashbacks and nightmares. These distressing symptoms can lead to avoidance of reminders of the trauma and emotional numbing which are also characteristic of PTSD or excessive rumination on the traumatic event in an attempt to come to terms with what occurred. Symptoms also include hyperarousal, hypervigilance an exaggerated startle response, anger, irritability, cognitive difficulties and sleep disorders. Secondary effects of PTSD have also been identified as interpersonal problems, depression and alcohol and drug abuse to cope with the symptoms of PTSD (NICE guidelines, 2005). This is an abridged version of the some of the ways that trauma can be identified just using PTSD as a signifier of trauma, which does not include the complex inclusion criteria of PTSD in the DSM-IV which McNally (2010) describes as "conceptual bracket creep".

Trauma is not just a psychological experience but also a supremely physical phenomenon. While the DSM acknowledges physical symptoms of PTSD such as hyperarousal and sleep

disorders, there are many other physical manifestations of trauma that it fails to include. Traumatic stress begins as a series of physical responses which may be adaptive in the short term but can have a negative impact on the body in the long term. Ongoing traumatic stress can lead to a range of physical issues that affect the brain, the major organs of the body, the immune system and the stress response system itself (Spring, 2014). These physical symptoms manifest as an increased risk of illness in trauma survivors. Traumatised children are fifty times more likely to have asthma than non-traumatised children (Trickett, Noll and Puttnam, 2011). Trauma survivors are 7.7 times more likely to suffer a stroke (Brass and Page, 1996). The chances of trauma survivors dying after a heart attack is five times higher than those who have not experienced trauma (Musselman, Evans and Nemeroff, 1998; Rozanski, Blumenthal and Kaplan, 1999). Trauma increases the likelihood of developing heart disease by 62% (Rich-Edwards et al., 2012). Women who have been sexually abused in childhood are twice as likely to suffer from Chronic Fatigue Syndrome (Fuller-Thomson, Sulman, Brennenstuhl and Merchant, 2011). There is a 65% higher risk of Fibromyalgia in trauma survivors (Fuller-Thomson et al., *ibid, 2011*). The risk of developing Irritable Bowel Syndrome is 4.7 times more likely in those who have survived trauma (Surdea-Blaga, Băban and Dmuitrascu, 2012). People who have experienced childhood sexual abuse have a 49% increased risk of developing cancer in adulthood (Fuller-Thomson and Brennenstuhl, 2009) and there is an 85% failure rate for back surgery for abuse survivors as opposed to 5% for patients who have not been abused (Schofferman et al., 1992).

The majority of studies on mass trauma highlight a set of core symptoms in individuals with trauma, however such symptoms may be expressed differently in different cultures (Boehnlein, 2001; Musisi et al., 2000). Musisi (2004) further argues that these symptoms are largely based on the diagnostic criteria for PTSD, depression and anxiety disorders as defined in the DSM IV-TR (2000), but may not include the dissociative and somatoform disorders in extremely traumatised individuals that are prevalent across Africa – giving rise to Musisi's (2004) notion of "culture-bound PTSD syndromes. Despite the number of studies demonstrating the damaging effects on the mental health of individuals, families and communities of war-trauma and studies of the trans-generational effects of such trauma (e.g. Yehuda, 1997; Danieli, 1998) at present such studies in Africa are rare. To gain a comprehensive understanding of the effects of IGTT, therefore, it is vital to explore the phenomenon on African populations. It is this gap in the literature that the present research endeavours to address.

The phenomenological approach of the current research foregrounds the participants' subjective experience of their parents' trauma as the focus of interest, rather than attempting

to objectively diagnose the presence of trauma as defined by the DSM or ICD. The assumption of trauma in the exploration of participants' experiences of IGTT from their parents is, therefore, based on the existing historical knowledge of the Idi Amin era in Uganda; which could be described as an environment "of an exceptionally threatening or catastrophic nature" and "likely to cause pervasive distress in almost anyone" (World Health Organization, 1992: p.147)

1.3 Definition of intergenerational trauma

Based on clinical observations and research there is substantial evidence to suggest that the negative sequelae of traumatic events are not limited to those people who experience them directly but can be passed on to others in the immediate environment including friends, family and caregivers. The effects of such trauma can include, but are not limited to, the symptomatology of post-traumatic stress disorder (PTSD) such as anxiety, depression, headaches, nightmares, emotional numbing and hypervigilance. A number of terms have been used to describe the specific phenomenon of passing trauma from parent to child including 'transgenerational' (e.g. Felsen, 1998), 'multigenerational' (e.g. Danieli, 1998), 'cross-generational (e.g. Lowin, 1983) and intergenerational transmission of trauma (e.g. Dekel and Goldblatt, 2008). The term intergenerational transmission of trauma to which the current research refers describes the trauma experienced by the first generation that is passed on from parent to child. The field of intergenerational trauma research has been dominated by psychodynamic approaches, which regard the mechanisms of trauma transmission as largely unconscious. However other approaches emphasise the effect that trauma has on family functioning as the means by which trauma is transmitted. The current research takes into consideration both conscious and unconscious modes of trauma transmission.

1.4 Attachment theory

Given that Psychodynamic approaches have dominated the field of IGTT research (Rowland-Klein and Dunlop, 1998) by positing that the mechanism of transmission operates through the attachment relationship between the survivor parent and child, the focus of the current research is an exploration of the participants' attachment relationship with parents who lived in Uganda during Idi Amin's regime. In this section I will give an overview of the

basic tenets of the attachment theory paradigm before considering the intersection between attachment theory and IGTT.

Bowlby (1979) proposed the idea of internal working models comprised of three parts: a model of the self, mother and the relationship between the two; with healthy attachments to parent figures resulting from good internal working models. Bowlby (1979) believed that these mental models formed the basis of personality development and subsequent social interactions, thus if the internal working models formed in infancy continue to influence an individual's relationships after childhood, then each type of infant attachment style should correspond to a particular type of adult attachment. On the basis of Ainsworth's (1978) work on infant attachment Main, Kaplan and Cassidy (1985) devised the Adult Attachment Interview (AAI), a standardised interview to study attachment in adults, an adaptation of which is used in the current research. The AAI is an assessment tool used to study how adults talk about their childhood experiences of their parents. In the original AAI the focus of the analysis is not on the content of the interviews but the way people talk about their past experiences. Coding of the interviews is based on richness of detail, internal consistency and coherence of the narrative to categorise the participant's attachment style. Such categorisation, however, is inconsistent with the IPA methodology of the current research, therefore the focus in the current research is on the content of the interviews, allowing themes to emerge within and across interviews. The AAI has been used in this way because of my previous experience of using it to conduct thematic analyses of the interviews to explore attachment relationships and their effect on the participants' adult life.

Longitudinal studies by Zimmerman et al. (2000) and Hamilton (1994) challenged the idea that infant parent attachment as measured by Ainsworth's (1978) 'Strange Situation' was a good predictor of later adult attachment style by tracking development in children, reassessing them in adolescence and then adulthood to investigate how attachments in childhood affect later adult attachment types. These longitudinal studies found that life events such as divorce and death of a parent or serious parental illness when they occurred in childhood had significant influence on later adult attachment style.

As well as predicting later adult attachment style from observing infants' behaviour towards their mothers, and from life stressors in longitudinal studies; a number of studies looking at mothers' different adult attachment type (AAT) and the way they interact with their infants have also been shown to be effective predictors of infant attachment style. The findings of Van Ijzendoorn's (1995) meta-analysis of the attachment research and the way in which mothers' attachment style corresponds to that of their infant, points to a possible route by

which attachment style can be passed from primary caregiver to child; known as 'intergenerational transmission'

While attachment theory which has been praised for its empirical focus and extensive research base made feasible by the rigour of its method and hypotheses as elucidated by Ainsworth and others (Rothbaum, Weisz, Pott, Miyake and Morelli, 2000), there is substantial research to suggest that attachment theory is not cross culturally applicable and, therefore, its claims of universality are not valid. Van Ijzendoorn and Kroonberg's (1988) cross cultural comparison of the Strange Situation used to classify infant attachment type yielded different results depending on culture. The variations in the percentages of insecure attachment according to culture suggests the need to reconceptualise these attachments as different modes of interaction rather than deficient developmental styles.

A number of studies have shown that the core tenets of attachment theory are rooted in Western historical, social, political, economic, demographic and geographic realities and similarly, so are theories about achievement, control and self because western researchers are prone "to construct other cultures in terms saturated with western ideals and pre-conceptions" (Gergen, Gulerce, Lock and Misra, 1996 p497). Rothbaum et al. (2000) conducted a comparative study on attachment in America and Japan, their findings suggest that the link between attachment and exploration assumes less importance in non-Western cultures and moreover that connection between attachment and dependence behaviours assumes greater importance in non-Western cultures. The current research takes a culturally sensitive approach by exploring the participants' experiences through in-depth interviews, thereby using the participants' cultural point of view. In doing so it is hoped that any cultural bias inherent in the use of attachment theory is counteracted.

1.4.1 Use of Adult Attachment Interview to investigate intergenerational transmission of trauma

As a case has been made for the transmission of trauma from one generation to the next as a largely unconscious process (e.g. Rowland-Klein and Dunlop, 1998) it could be seen as incompatible with the IPA methodology employed in the current research which explores the participants' lived experience. However, the use of an adaptation of the AAI is being used not to explore unconscious material revealed in the structure of the participants' accounts, rather the questions act as a guide, eliciting from participants their subjective experiences of what it was like growing up with a parent or parents who lived in Uganda during the Idi Amin regime. It asks questions about what family life was like, how they felt, what they thought about what was happening around them and how, on refection, they have made meaning of

their experiences. All these questions, therefore, relate to experiences within the participants' conscious awareness.

At the analysis stage I also remained faithful to the participants' experience by staying close to the words they used and avoiding the importing of theory. It was only at the discussion stage, informed by the existing literature on IGTT that I chose to interpret the participants' accounts in terms of unconscious processes such as projective identification. This moving between different approaches at various stages of the research process is compatible with the pluralist stance of this portfolio; a philosophical and ethical underpinning which values diversity.

Furthermore, an adaptation of the AAI was used in the current research as it touches on some of the same material as IGTT studies; such as how and what participants came to hear about Idi Amin's regime, how their family was personally affected by it, how openly the regime was discussed, and if participants felt that their childhood experiences affected them in later adult life. In contrast to other IGTT studies, however, the use of the AAI meant that there was no explicit mention of trauma or its transmission from parent to child. This was intentional as at initial research stage there appeared to be some disagreement as to whether IGTT exists as a phenomenon. The AAI was, therefore, used as a cautious way of investigating whether participants had experienced IGTT by focussing on the participants' relationship with their parents and family life. My intention was, as Smith et al. (2009) suggest, to 'bracket' my assumptions about the transmission of trauma and therefore not to lead participants by focussing on IGTT, but rather to allow it to emerge (or not). This in fact happened with many participants and although talking about some of the difficulties they experienced in early childhood they also commented that these experiences made them more resilient which may not have happened had I explicitly referred to trauma.

1.5 Attachment and trauma

Research on IGTT assumes that if attachment style can be passed from primary caregiver to child then trauma transmission may also occur via the same route. Furthermore, the attachment relationship can either exacerbate or protect against the effects of trauma experienced later in life or can be experienced as traumatic itself with negative consequences (Alexander, n.d.). Yehuda (1998) found that rates of PTSD in survivors of assault or rape were significantly higher in those whose mothers were Holocaust survivors

with PTSD. Van der Kolk (2014) infers that their upbringing had created a physiological vulnerability accounting for the higher rate of developing later psychological difficulties after being attacked. A similar vulnerability was found in children whose mothers were in the World Trade Centre during the attacks on 9/11 and were pregnant with them (Yehuda et al., 2005; Chemtob, Nomura, Abramovitz, 2008). This could be due to the cognitive appraisals that the child develops as a result of an insecure attachment; that the lack of internal security that the caregiver should provide creates a perception of the world as dangerous (Van der Kolk, 2014). It has also been suggested that PTSD or depression affects the ability to parent, leading the child to believe that they are to blame for their parent's treatment of them and thus to expect poor treatment from others. It is these negative self-perceptions that van der Kolk (2014) believes pre-dispose the offspring of trauma survivors to become traumatised by their subsequent experiences. There is also substantial evidence to suggest that the PTSD affects cortisol levels, the hormone associated with stress. Yehuda et al. (2000) found cortisol levels in Holocaust survivors and their offspring were lower than those without a PTSD diagnosis. These findings suggest an inherited pre-disposition to PTSD. Although PTSD is generally associated with elevated cortisol levels, the lower levels exhibited by Holocaust survivors and their offspring may indicate low baseline cortisol levels which are the body's attempt to conserve cortisol for times of stress (Yehuda et al., 2000). Thus trauma mediates future traumatic events (Liotti, 2005). Furthermore, an interaction was found between a genetic variant (5-HTTLPR variant) and environmental factors which was associated with a higher risk of developing conditions such as post hurricane PTSD (Kilpatrick et al., 2007) and child maltreatment related depression (Kaufman et al., 2004), which suggests that PTSD can be heritable and therefore the symptoms may be intergenerationally transmitted. The high concordance rates found in studies of monozygotic (identical) twins suggests that genetic factors underlie several illnesses including depression, anxiety disorders and alcohol dependence (Eley, Collier and McGuffin, 2002; Prescott and Kendler, 2000). However, it was found that genetic mutation alone was not sufficient to result in pathology, rather expression of pathology depended on the individual encountering stressful experiences across the lifespan (Bradley et al., 2008; Caspi et al., 2003). On the basis of these findings it has been suggested that the interaction between gene and environment across the lifespan may underlie depression and PTSD vulnerability and that adverse environmental experiences are essential for the expression of pathology to occur. It is the primary importance of the individual's interaction with his/her environment that will be the focus of the current research. In particular, the relational aspects of that environment, starting with the attachment relationship as this is the first and arguably the most important relationship that the individual encounters.

The following section gives a more detailed account of the ways in which the literature on IGTT conceptualises how the attachment relationship can become the vehicle for trauma transmission and some of the proposed mechanisms by which this transmission may occur. These are not mutually exclusive and there is some overlap between these different mechanisms.

1.5.1 The attachment relationship and neurobiology

Schore (2010) explicates a neurobiological model of how early relational trauma can negatively impact the development of the right brain in infants which can affect the brain, mind and body throughout life. Fundamental to understanding early relational trauma is the way in which our neurobiology is shaped by our interpersonal relationships. Mirror neurons (Rizzolatti and Craighero, 2004) located in the pre-frontal cortex pick up and imitate not only the movements and actions of another but also their emotional states and intentions. Mirror neurons are responsible for among other things empathy and language development (van der Kolk, 2014). Synchronising with others means that both their negative and positive states can be absorbed which has important implications for the role of the attachment relationship in the development of the infant brain. Mirror neurons begin working as soon as the baby is born. As infants are unable to regulate their emotional states and the accompanying changes in heart rate, hormone levels and activity within the nervous system, secure attachment depends on the mother's regulation of the infant's internal states of arousal (Schore, 2010). Attunement occurs through verbal and non-verbal communication; visual cues such as facial expressions, touch, gestures and intonation, melody and tone of voice. Through mutual gaze mother and child synchronise with each other, with the mother appraising her baby's non-verbal expressions to assess its emotional and internal states of arousal, metabolising and regulating them and then communicating them back to her baby.

Many of the functions involved in these attachment communications are housed in the right hemisphere of the brain in both mother and baby. Mutual gaze stimulates face processing areas in the right hemisphere (Pelphrey, Viola, and McCarthy, 2004), imitation in infants starts to develop in the right hemisphere (Schore, 2000), and spontaneous gestures that communicate emotion in the mother child relationship also activate areas in the right hemisphere. Furthermore, the mirror neurons in the infant which are used to imitate gestures, movements and emotional states interact with the limbic system to process the meaning behind them which is also housed in the right hemisphere. The limbic system regulates emotions, monitors danger, judges what is pleasurable or aversive, assesses what is important for survival purposes and negotiates social interactions. The limbic system is

shaped by experience according to the infant's genetic make-up and individual differences in personality. Infants also process vocalised attachment communication in the right hemisphere (Homae, Watanabe, Nakano, Asakawa and Taga, 2006; Tierry, Vihman and Roberts, 2003). Similarly, in the mother areas in the right hemisphere are implicated in her appraisal of her baby's emotional state; emotion and face processing, auditory perception, attention and touch related information (Bourne and Todd, 2004). Thus secure attachment involves the dynamic right brain to right brain interaction of mother and baby. In healthy attachment this allows the child to develop a system which can regulate internal arousal in an adaptive way and other psychobiological states and therefore emotions, cognitions and behaviour.

1.5.2 Traumatised attachment and neurobiology

When this harmonious right brain to right brain interaction is disrupted through the mother's misattunement it can have long term consequences for the development of the child. A traumatised mother may be abusive and/or neglectful. Not only does this reduce positive affect in her interactions with her child, such as those generated through play which assist in right brain development, but an abusive or neglectful mother induces negative affect and may offer less protection from other dangers thereby increasing the number of aversive experiences the child encounters such as abuse from others. Neglectful or abusive mothers may be emotionally unavailable, misattuned or rejecting in the face of her infant's emotions resulting in inadequate or inconsistent regulation of the child's internal arousal states. Instead of regulating internal states of arousal the traumatised mother creates extreme levels of stimulation either through abuse (high level) or neglect (very low level). Moreover, in the absence of a reparative phase after ruptures in attunement, the child is left to cope with chronic stress for extended periods. To cope with high levels of hyperarousal the child will then react by dissociating, that is physically and psychologically withdrawing from the external world and internally opiates are released to numb affect and pain. Children who dissociate can be observed staring into space, going limp or freezing as a survival mechanism to avoid being seen.

Early relational trauma creates "disorganised attachment" (Hesse and Main, 1995) in which the mother, who is necessary for the infant's survival is simultaneously a source of fear. Thus the child is placed in an impossible situation in which there is no coherent strategy for gaining security. Torn between seeking proximity to the mother and avoiding the mother out of fear dissociation becomes the only adaptive response. Dissociation can be seen as the mind's attempt to escape that which cannot be physically escaped (Loewenstein, 1993) and is an attempt by the mind and body to dampen the effect of trauma. Disorganised

attachment can last across the lifespan and is associated with later psychiatric disorders (Schore, 2001). The immediate negative effect of early relational trauma is the impact on the developing right brain and its ability favour adaptive coping strategies in the face of other life stressors which might evoke similar emotional responses. Shelton and Harold (2007) found that children who experienced extreme parental conflict were more likely to use externalising coping strategies that is aggressive, confrontational and risk taking behaviours. Studies in children who reported a traumatic event such as abuse favoured emotion focused coping strategies such as avoidance (Dempsey, 2002). Relational trauma in the form of neglect or abuse predicted behavioural problems in school aged children in their interactions with their peers in which they lacked empathy for others' distress (Elder, Van Nguyen and Caspi, 1985). The early reliance of avoidant coping strategies can continue into adulthood resulting in substance abuse and alcoholism. Several studies have shown avoidant coping to mediate the relationship between childhood trauma and later substance abuse, psychiatric disorders and PTSD (Bombay, Matheson and Anisman, 2009). The effect of early relational trauma in this critical stage of development of the right brain are alterations to the limbic system thereby leading to instability in affect, intolerance to stress and impairments in memory function which can also affect learning.

In terms of IGTT, the implications of early relational trauma on are clear; a mother who has experienced neglect and abuse in childhood is likely to have deficiencies in right-brain functioning including poor affect regulation leading to pathological dissociation as a coping mechanism. Levine (1992) offers a useful model for dissociation which is based on the assumption that experience is comprised of several elements; sensation, image, behaviour, affect and meaning. In the case of traumatic experiences these elements can be disconnected from each other. Avoidance as a coping strategy may also include substance abuse; contributing to impaired parenting skills such as the ability to attune to her infant, thereby continuing the cycle of trauma. Several studies have shown that the mothers' attachment style as assessed by the AAI is a reliable predictor of their children's attachment as assessed by the Strange Situation in both non-clinical (Fonagy, Steele and Steele, 1991; van IJzendoorn, 1992) and clinical populations in which children's behavioural difficulties had been identified (Crowell and Feldman, 1988), suggesting that dissociation from early relational trauma can affect later parenting.

1.5.3 Psychoanalytic/ psychodynamic models of trauma transmission

Several models for the psychoanalytic transmission of intergenerational trauma have been offered. One of the main mechanisms of trauma transmission described by psychodynamic

approaches are projection and identification. Projection as a psychoanalytic term is described as an ego defence in which parts of the self are disavowed and attributed to the other. Similarly, in identification the projected parts of the other are attributed to the self. These defences also involve a denial of reality, which often involves splitting – a polarisation of the 'good' and 'bad' parts of the self (Milton, Polmear, Fabricius, 2011). Thus, in their review of the literature of combat veteran fathers with PTSD, Dekel and Goldblatt (2008) found that fathers with PTSD used projection as a coping mechanism for their difficult emotions. They deny and split off from their severe negative emotions such as persecution, guilt and shame and project them onto their offspring. Conversely, the child identifies with these projected parts of their father's emotions and feels them as if they were his/her own. It is suggested that this unconscious process makes it difficult for the child to develop a separate sense of their own identity and as a consequence may develop symptoms that mirror those of their fathers' disturbances such as social isolation, guilt and detachment (Ancharoff, Munroe and Fisher, 1998; Op den Velde, 1998). The main psychodynamic mechanisms of trauma transmission that I will discuss are over-identification, displacement, projective identification and dissociation from a psychoanalytic perspective.

i.   Over-identification

In their study of the transmission of trauma in Holocaust survivors' children Rowland-Klein and Dunlop (1998) noted that the participants felt as though they had experienced the events of the Holocaust first hand. This manifested in reliving those experiences in daydreams, replete with vivid imagery, affect and perceptions. Similarly, Kellermann (2001) reports a child of a Holocaust survivor recounting recurring nightmares in which he relived the horrors of the Holocaust as if he had been present. Such reliving and intrusive imagery in conjunction with intense emotions are concomitant with PTSD symptomatology. It has been hypothesised that this over-identification of their parents' experiences are an attempt for the children of Holocaust survivors to resolve and remove their parents' pain. It could also be interpreted that the children by over-identifying with their parents' experiences are endeavouring to make sense of their traumatic past and share their grief, loss and fear.

ii.   Displacement

In the literature on Holocaust survivors and their children authors also identify the process of displacement in which parents displace their repressed grief onto their children making them "memorial candles" (Wardi, 1992). These children have been described as the scapegoats of the family who take on the parents' unconscious unresolved trauma thus becoming a bridge between the present and the parents' past trauma (Wardi, 1992). It has been suggested that the negative effects of being "memorial candles" was worse for those children who,

according to Jewish tradition were named after children who had perished and were thus viewed as replacement children for the dead (Kellermann, 2001; Kahane-Nissenbaum, 2011). Barocas and Barocas (1973) contend that these parents use such children to attempt to reconstruct their own identities following their traumatic experiences making it difficult for the children to develop an identity as separate from that of their parents.

Furthermore, Rowland-Klein and Dunlop (1998) found that related to the concept of the "memorial candle" children of Holocaust survivors and identification was the idea of 'transposition' or "the tendency to go back in time and explore their parents past" (Kestenberg, p78 in Rowland-Klein and Dunlop, 1998). They posit that transposition occurs in Holocaust survivors' offspring when they connect to the experiences in their parents' traumatic past, in some way re-enacting their role in an attempt to resolve their loss. In this way the child over identifies with their parents' loss, experiencing the trauma as if it were their own (Rowland-Klein and Dunlop, 1998). As a result, the children feel that they are responsible for saving their parents from their past pain and any further pain and becoming overly compliant and suppressing their own needs in an attempt to prevent causing their parents further suffering.

iii.   Projective-identification

Specifically, in terms of the attachment relationship between mother and child, transmission of trauma can take place through the process of projective-identification. Projective identification is described as an unconscious mechanism by which these persecutory anxieties which are directed towards the mother are taken in and metabolised by the mother to be returned to her infant in a more acceptable form (Rowland-Klein and Dunlop, 1998) Klein (1984) originally conceived of this as one of the earliest activities of the ego in which the infant's earliest mental processes are focussed on the mother – both the capacity to love and hate. She contends that his/her destructive impulses including resentment, frustration, hate and envy are directed towards the mother creating a state of persecutory anxiety as she is also the object on which the infant's life depends. However, in the case of Holocaust survivors' children it is proposed that the reverse takes place in that the mothers' unconsciously make their children receptacles for their distress in an attempt to heal their own wounds. Shoshan (1989) proposes that at pre-verbal stages the baby begins to absorb the grief, sadness and anxiety of the mother or absence through her pre-occupation with her emotions. The child introjects these projections and begins to conform to them in his/her thoughts, feelings and behaviours (Ogden, 1992). Moreover, Rowland-Klein and Dunlop (1998) propose that in a traumatised attachment there may be little mirroring and thus the

drive for the infant to feel 'held' in a Winnicottian sense means that the child learns to be a source of joy to their mothers to compensate her for her suffering.

Similarly, Alexander (n.d.) believes that the role reversal that occurs when the parent has an unresolved attachment arising from their own history of emotional, physical or sexual abuse or unresolved loss can lead to dissociation. She contends that by relying on the child to reduce their anxiety, the parent abdicates the parenting role which in turn creates a dilemma for the child. Attachment is the defensive strategy the child employs to gain proximity to the caregiver in times of distress to provide comfort and security, in the case of the parent's unresolved attachment the parent is the source of distress, thus the child has to develop multiple representations of the parent and self, excluding parts of his/her experience from conscious awareness leading to dissociation. Such dissociation can have long term consequences; in a longitudinal study Ogawa, Sroufe, Weinfield, Carlson and Egeland (1997) found that disorganised attachment in infancy predicted later dissociation at age 19 even in the absence of further trauma in the intervening years. Furthermore, as previously stated, the role of dissociation is significant in the transmission of trauma because it predicts later victimisation by others and aggression towards intimate partners and children (Ehrensaft et al., 2003)

iv. Dissociation

Brothers (2009) conceptualises trauma as relational; a devastating experience followed by attempts to restore certainty about existential survival, and as intimately connected to dissociation. Brothers (2009) takes a psychoanalytic perspective on trauma and its relationship to dissociation, arguing that its function is exclude from conscious awareness anything that becomes an obstacle to restore the order and predictability of traumatic attachment relationships. Dissociation is, therefore, a way of simplifying experience. Brothers (2009) conceives of "systemically emergent certainties" (SECs) (p53) as organising principles through which a person experiences the world. It is when these SECs are shattered by an event or events that their veracity is challenged and revealed to be false. It is these rigid SECs that lie at the core of traumatised parents' organisation of theirs and their children's lives (Brothers, n.d.) The natural drive to find sameness and difference in others when shaped by trauma creates an imperative search for sameness that can dominate psychological life. This desperate search for sameness can lead to a dissociative elimination from consciousness of anything that marks the other as different in an attempt to create a sense of certainty. In terms of traumatised attachment, the traumatised parent's denial of difference between themselves and their child can create an enmeshed relationship in which the boundaries between the parent and the child as a separate individual in his/her own right are blurred. The parent's dissociation of aspects of difference in the child arises from the

inability to create certainty; the parent cannot acknowledge the child as separate from themselves because this makes them unknown, the child in turn has to dissociate any traits or attributes that differ from those of the parent to maintain the much needed relationship (Brothers, n.d.). Similarly, a search for difference may also occur as a result of trauma in which a parent may dissociate parts of their experience in order to increase certainty about existential survival, but project these aspects of experience onto their child. The child is then perceived as different from the parent. For example, following trauma a father may dissociate any aspects of himself that reveal weakness or vulnerability, projecting them onto his child. The father may then criticise the child for these perceived traits and in doing so maintain a connection to these dissociated parts of himself. This creates a double bind for the child; although the child is criticised for these disavowed parts of the father they may also unconsciously pick up on the connection they create with the parent and that the fact that attachment relies on this denial of sameness. This creates conflicting messages and a feeling in the child of never being enough.

1.5.4 Deficient parenting

i. Violence

As well as having a direct effect on the attachment relationship due to the inability of the traumatised parent to meet the emotional needs of the child can also create a stressful family environment. Dekel and Goldblatt (2008) found that one of the dominant manifestations of poor family functioning in the families of combat veteran fathers with PTSD was the use of violence. The symptoms of PTSD associated with hyperarousal, poor impulse control and low tolerance of irritability meant that violence and verbal abuse were more frequently resorted to as a means of problem solving. The use of violence was found to be more prevalent in the families of fathers who had PTSD than those who did not (Jordan et al., 1992; Taft et al., 2005). Furthermore, witnessing on-going parental violence has been associated with long term negative psychological, social and academic outcomes. Children with a history of maltreatment or even observing pervasive parental violence predicts a greater risk of intimate partner violence in later life (Ehrensaft et al., 2003) with both men and women internalising the roles of victim and perpetrator which are enacted in subsequent intimate relationships (Kwong et al., 2003); with girls being at higher risk of becoming the victims in violent relationships while the risk that boys will grow up to abuse their partners increases sevenfold (Carlson, 1990).

In such families, the father's trauma not only impacts the family environment as a whole, but can also have an indirect effect on the mother's parenting abilities, leading to disruptions in

the attachment relationship. Mothers and wives are generally regarded as vital to family functioning and as result of the husband's trauma may take on more significant roles due to the debilitating symptoms of PTSD (Dekel, Goldblatt, Keidar, Solomon and Polliack, 2005). The research suggests the ongoing stress associated with living with a spouse with PTSD exacts a high personal toll and marital distress (e.g. Dekel et al., 2005). This may, in turn, affect the mother's parental functioning. Furthermore, there is evidence to suggest a link between parents' marital conflict, their parenting behaviour and their children's externalising or internalising difficulties (P.A. Cowan, Cowan, Schulz and Hemming, 1994; Emery, Fincham and Cummings, 1992). Externalising behaviours are classified as: anti-social behaviours, negative engagement and hyperactivity. Internalising behaviours were defined as introversion, tension and depression (Cowan, Cohn, Cowan and Pearson,1996).

ii.   Communication about trauma

The use of violence to problem solve is one expression of the faulty communication patterns that have been identified in families with one or more traumatised parents. Modes of communication have been highlighted as one mechanisms of trauma transmission (Dekel and Goldblatt, 2008; Kellermann, 2001; Rowland-Klein and Dunlop, 1998) with communication in traumatised families lying on a spectrum from can range from silence about traumatic experiences to oversharing (Danieli, 1998) both resulting in negative consequences for the child. The 'conspiracy of silence' identified both in Holocaust survivor families and in the families of combat veterans with PTSD has been attributed to the need to protect parents from further distress by avoiding sensitive subjects. At the other end of the scale a tendency to over share experiences has also been noted, thereby exposing children to horrific information inappropriate for their developmental stage with which they are not equipped to cope. In other cases, only partial details of the parents' experiences are shared. It is suggested that the less precise the child's knowledge about their parents' experiences the more likely they are to become pre-occupied with them, constructing stories in which they imagine the missing details which can be even more terrifying than the real situation (Miller, 1995). In both cases Shoshan (1989) notes that the child's uncertainty about what happened to their parents leads to repression. The oversharing or silence about experiences have been shown to have different outcomes with excessive parental communication being associated with increased guilt but less depression, lower demoralisation and anxiety (Okner and Flaherty, 1988); while lack of communication may contribute to increased depression, which is related to an over-identification with the parents' experiences of victimisation (Trossman,1990).

iii.   Mixed messages

Parental communication in traumatised families has also been characterised as ambiguous and confusing. Children may, therefore, pick up clues about what their parents experienced and connect it to their current behaviour; such as emotional outbursts or the inability to function but are ill-equipped to make sense of what is happening in their family (Op den Velde, 1998). The contradictory communication inherent in traumatised families means that the child whose relationship with his/her parent is inextricably bound to their well-being does not know how to respond appropriately to their conflicting demands. Thus a parent may both encourage independence in the child, while using guilt inducing communication to ensure proximity (Klein-Parker, 1988; Lichtman, 1984). Kellermann (2001) attributes this confusing unconscious communication to the difficulty of Holocaust survivor children in connecting their nebulous feelings of fear, grief and vulnerability to concrete experiences of what it was like to grow up with parents who survived the Holocaust.

iv.   Communication of fear and mistrust

Part of parental communication in traumatised families involves the direct and indirect communication of fear and mistrust. Bezo and Maggi (2015) noted that in subsequent generations following the Holodomor genocide of Ukrainians the stories that were told in families about the atrocities that were perpetuated against Ukrainians contributed to a general fear and mistrust of others leading to social isolation. Similarly, Kellermann (2001) posits that the over anxious fears communicated by overt messages to be careful and not to trust others, especially those in the Gentile world convey a sense of impending danger that may have been absorbed by the child. Rowland-Klein and Dunlop (1998) extend the concept of over-identification to Holocaust survivor parents to the sense of vulnerability felt by the children as if they themselves had been victimised and thus retain the state of hypervigilance with which they were inculcated by their parents. Rowland-Klein and Dunlop (1998) regard this feeling of threat to their security as an attempt by the child to process trauma that, although it did not happen to them, is nonetheless internalised forming a fundamental part of their psychological development.

1.5.5 Cognitive/ schema

The communication of fear and mistrust noted in Holocaust survivors could be said to be a communication of appraisals concerning threat. Lazarus, Delongis, Folkman and Gruen (1985) argue that distress is a function of the individual's appraisal of the available resources to cope with a stressor or threat, rather than solely the result of the demands placed on the

person stating that stress manifests in the interaction between the person and environment. Thus it is the choice of coping mechanism which is key to whether or not a pathology will emerge (e.g. Lazurus, 1996). Coping strategies can be divided into two categories: emotion focussed and problem focussed (Lazarus, Delongis, Folkman and Gruen, 1985). In the former attention is directed at regulating affect, while in the latter the aim is to manage or alter the stressor in some way. It is thought that particular coping strategies are employed in certain situations (Tennen, Affleck, Armeli and Carney, 2000). While problem focussed coping strategies are generally regarded as more adaptive than emotion focussed strategies in the long term, it has been suggested that the ability to be flexible in the selection of appropriate coping strategies and use several coping strategies in conjunction with each other can ameliorate the negative impact of stressors (Anisman and Matheson, 2005)

Bombay, Matheson and Anisman (2009) contend that it is the development of negative appraisals of adverse childhood experiences that lay the foundation for the transmission of trauma to subsequent generations. As previously stated, exposure to trauma in childhood can lead to increased stressor experiences later in life, the cumulative effects of which can lead to poor mental health outcomes and an increased sensitivity to future stressors. This can in turn lead to inadequate parenting including abuse and neglect, resulting in further traumatic early experiences for the following generation which may involve a re-enactment of the events experienced in the previous generation and so the cycle continues.

These factors do not work in isolation and the wider context within which the individual is embedded must also be borne in mind, such as the socio-economic environment, political and historical context. The distress in a family interacts with, and is intimately connected to events in the environment (Op den Velde, 1998; Rousseau and Drapeau, 1998). As with the expression of pathology in a gene which is dependent on interactions with the environment, the subjective experience of distress is also mediated by the environment. In combat veteran fathers with PTSD it was found that the father's distress was shaped by various external factors such as the dominant social attitudes towards the war in which the father fought; attitudes surrounding support seeking behaviours such as therapy; formal acknowledgement of the fathers' victimisation (Danieli, 1998) and ongoing war and political violence (Srour and Srour, 2005). These factors have important implications when considering the transmission of trauma from Ugandan parents as they encapsulate some of the characteristics of the Idi Amin era and post-Idi Amin era. Namely that the massacres were never openly acknowledged; without which the dead were not properly memorialised, thus the victim status of the survivors was never formally recognised, and political instability and civil unrest continued for a further 30 years. All of which may have exacerbated the trauma experienced and transmitted.

1.6 Collective trauma

Previous studies on the IGTT, as outlined above, have focused on the family system as the main mechanism by which trauma is transmitted. However, several studies reveal that trauma can also be transmitted at the community-societal level (e.g. Bezo and Maggi, 2015; Atkinson, Nelson and Atkinson, 2010; Bombay et al., 2009; Evans-Campbell, 2008). The findings in a study of first, second and third generations after the Holodomor genocide of Ukrainians revealed that the extreme privation suffered during the genocide forced people to focus more on familial and individual survival rather than the well-being of the community as a whole (Bezo and Maggi, 2015). As a result, what emerged from the findings was the theme of "indifference towards others" (p92) which was perceived as necessary for self-preservation. The study goes on to reveal that the effects of this indifference towards others is still felt in the second and third generations leading to Ukrainians becoming "less generous and caring" (p92) and having "increased social hostility" (p92) which is attributed to learning at the community-societal level. Bezo and Maggi's (2015) findings suggest that a distinction needs to be drawn between individual and collective traumas as there may be different healing mechanisms associated with the respective traumas.

Hirsh (2008) defines a concept she terms "postmemory" as the process by which the second generation after a traumatic event retain a connection to those traumatic experiences which, although not lived through first hand, are so vividly transmitted that they constitute memories in their own right. Hirsh identifies this as both an individual and collective phenomenon, citing the interruption in its transmission due to catastrophic events as fundamental to its creation brought about by the need to reconnect and re-embody that which was lost by the traumatic event.

1.6.1 Historical trauma

Trauma at the community and societal level that is transmitted across generations has also been termed 'historical trauma' (Evans-Campbell, 2008) which is defined as,

> a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation…it is the legacy of numerous traumatic events a community experiences over generations and encompasses the

psychological and social responses to such events (Evans-Campbell, 2008 p320).

Evans-Campbell (2008) rightly points out that although there are diagnostic categories and tools that capture individual experiences of trauma such as PTSD, they are inadequate for exploring the transgenerational effects of trauma transmitted within communities. Current models of trauma do not account for the multiple stressors involved in historical trauma, they fail to address the familial and societal effects of trauma responses and do not explore the intersection between historical and contemporary traumas, or the way that present day trauma could be regarded as an extension of historical trauma. The current study aims to address some of these concerns. Evans-Campbell (2008) conceptualises historical trauma as having an effect on three levels; the individual, family and community. I have previously outlined the ways trauma can affect people on both the individual and family levels, therefore in the following section I will turn my attention to some of the ways that trauma can be manifested on the community-societal level. Responses to trauma within the community may include a breakdown of traditional values, culture and rites of passage, high rates of alcoholism, physical illness and internalised racism (e.g. Duran, Duran, Brave Heart and Yellow Horse-David, 1998). Specifically, in relation to Uganda some of these effects have been identified by Musisi (2004) as "culture- bound PTSD syndromes" the secondary effects of which he believes may span generations having detrimental effects on the psycho-social behaviour of communities for example by increasing domestic violence, child abuse and substance abuse. Exploring the breakdown of communities, post-conflict several common high risk sexual behaviours (HRSB) were identified including; transactional sex, sexual predation, multiple partners, early marriages and forced marriages prevalent in these communities (Muhwezi et al., 2011). These HRSB were associated with the breakdown of the social norms governing behaviour as a result of the economic devastation following conflict and reflected the dishonourable sexual practices adopted during conflict. Such HRSB have also contributed to the rise of HIV/AIDS. Child maltreatment was also identified as a manifestation of trauma at the community-societal level (Evans-Campbell, 2008). A study by Saile, Ertl, Neuner and Catani (2014) explores the continuity of violence within the family system 20 years after civil war in Northern Uganda; the on-going effects of exposure to war trauma in parents and the way this manifests in the maltreatment of their children. Their findings revealed that the highest predictor of self-reported abusive parenting was the guardians' own experiences of childhood maltreatment, giving compelling evidence of IGTT in this population. Their findings suggest that a cycle of intergenerational violence seeded from organised violence from armed conflict exists; aggravated by female guardians' experiences of being re-victimised by male partner's violence against them.

1.7 Intersection between historical and current trauma

It has been suggested that there are several contemporary incidents such as assault and discrimination against oppressed peoples that are traumatic in their own right, but when considered within the context of historical trauma take on added significance and can be viewed as a continuation of past events (Evans-Campbell, 2008). In particular Evans-Campbell and Walters (2006) identified a phenomenon they termed Colonial Trauma Response to describe the complex interaction between historical and current trauma reactions to interpersonal and collective events. Such events serve as a reminder of, and connection to the negative impacts of colonisation.

Alleyne (n.d.) offers three perspectives on trauma; that which arises through the attachment relationship, the unconscious and unspoken traumatic experiences of a peoples, and the historical effects of trauma which create a continuation of damaging conditions pre-disposing individuals to psychological vulnerabilities. Alleyne (n.d.) elucidates the process by which the trauma of colonialism continues to exert an influence on black people today which she terms the Cycle of Events; namely that slavery was the initial trauma experienced by black people, the negative effects of which were then taken in as the 'internal oppressor' leading to unhealthy attachments to the historical past in 'cultural enmeshment' (Minuchin, 1974). Enmeshment can be characterised as a disorder of the self in which the individual has difficulty disengaging from internal objects which can result in the person taking on the other's 'skin'. Within the context of cultural enmeshment and the internal oppressor, therefore, black people struggle to disengage from the white 'other' thereby taking on the internal representation of the white object and with it representations of the self in relation to the white 'other'. In this way black people experience a loss of self, with difficulties differentiating from the 'other'. This leads to hypervigilance arising from the constant tracking of the 'other', anger and frustration also recognisable as symptoms of PTSD. Paradoxically, enmeshment contains both the fear of loss of self by completely merging with the other and a fear of separation and being cut off from the source of life itself.

Alleyne (2004) draws parallels between personal and collective/cultural attachments highlighting the lack of attention of the painful legacy of slavery as being akin to feelings of abandonment experienced by child of a neglectful parent. Such a sense of abandonment can create a turning in on the self and rumination on past wounds in an attempt to maintain a link to the past to ensure that it will not be forgotten. Most importantly, Alleyne (n.d.) regards the internal oppressor as a fundamental part of the black psyche. The internalisation of the white other functions as part of the superego, resulting in the envy and hatred of the other as

well as a striving for otherness. Such striving necessitates the splitting of the ego in which blackness is denied, resulting in self-hate which is then projected outwards onto the other.

Contained within this trauma are the intra and interpersonal communications of black people which manifest in the schemas within families, which in turn become the values and belief systems that go on to inform life choices and can affect parenting style. The breakdown of traditional black cultures as a result of colonialism leads to their replacement with new cultural norms. Collective trauma can shatter culture, disrupting its organising principles such as rituals and social and economic systems meaning that they are no longer able to restore a sense of security and belonging. Their absence then leaves space for something else to replace it (deVries, 2007). McKenzie-Mavinga (n.d.) asserts that the legacy of fear and mistrust derived from slavery creates a layer of secrecy; thus black people do not publically discuss their family problems, are unable to show their feelings to each other and others. She also asserts that this layer of secrecy is implicated in the sense that what can happen within families cannot be worse than the horrors that have been perpetrated by the white other. These tendencies then become the new cultural norm. The historical collective wounds from the past can, therefore, exacerbate the personal wounds in the present. Thus, from the perspective of the IGTT, it is apparent how such trauma is carried over to subsequent generations. The current research explores this intersection between personal and collective trauma, taking a multi-level perspective on the intergenerational transmission by observing it on individual, familial and community-societal level by exploring the historical and cultural context of the trauma.

1.8 Rationale for this study

This research project began three years ago and as previously mentioned was initiated because of by my interest in Uganda, its current socio-economic difficulties and their relationship to the Idi Amin regime. However, the recent refugee crisis across Europe in the summer of 2015 highlights a parallel between the war conflict trauma that is at the heart of the present research and of those fleeing conflict from their countries of origin and seeking refuge in Europe. According to the UN by the end of July 2015 over 70 percent of refugees that have reached Europe by boat this year were from countries affected by armed conflict, oppressive regimes and religious extremism including; Syria, Eritrea, Afghanistan, Darfur, Iraq, Somalia and parts of Nigeria (Kingsley, 2015). With wars and armed conflicts occurring worldwide and significant research to support the idea that the traumatic effects of armed conflict can span generations; awareness of the on-going psychological impact of war trauma needs to be raised. Counselling Psychology is optimally positioned to anticipate the effect of trauma on future generations, facilitating the healing process within affected communities, re-establishing normality and preventing the continuation of the cycle of trauma. When considering the restructuring of communities affected by armed conflict not only is it important to fulfil the socio-economic needs of the community but the breakdown of societal norms also needs to be addressed with the help of counselling. In this way people can be equipped with the life skills that can empower them in their current circumstances and prevent trauma in future generations.

While the ongoing effects of war trauma within communities affected by armed conflict is self-evident the current research specifically explores the experiences of the second generation of Ugandans after Idi Amin now based in the UK. The current research will investigate the second generations' experience of growing up with a parent or parents who lived in Uganda during the traumatic Idi Amin era and their attachment relationship. Within the context of the existing literature on IGTT the current research will explore the participants' experiences of IGTT from parents who lived through Idi Amin's regime in Uganda. The phenomenological approach of the present research is supported in IGTT literature on Holocaust trauma transmission (e.g. Rowland-Klein and Dunlop, 1998), in combat veterans (e.g. Dekel and Goldblatt, 2008; Harkness, 1993; Davidson and Mellor, 2001) the conflict in Northern Ireland (Downes, Harrison, Curran and Kavanagh, 2012) and in Uganda (Saile et al., 2013 and 2014; Muhwezi et al., 2011). Similar to the findings of Downes et al. (2012) the current research brackets the assumption that what is transmitted is solely negative, allowing participants experiences of adversity following trauma to emerge. Furthermore, the participants' reflection on their early experiences highlights the importance of the passage of time which is largely absent in the existing research. The inclusion of this

temporal aspect in the present study marries research on attachment theory and IGTT by exploring the possibility that, like attachment, whatever is transmitted from parent to child can continue to be cultivated across the lifespan. This is a marked departure from the body of IGTT research in that it does not regard the end point of the process of transmission as the passing to the offspring, but considers the individual's innate ability for self-healing and the internal and external factors which may facilitate it.

The current research offers practical suggestions which have the potential to re-build trust within communities affected by conflict trauma by highlighting the importance of psychotherapeutic interventions such as HIV counselling, couple counselling, counselling for substance abuse and domestic violence prevention programmes. Given that conflict can also devastate family structures either through displacement or death (from the conflict itself, disease from poor socio-economic conditions including AIDS) many areas affected by conflict have higher child headed households which increases their vulnerability to further trauma (Muhwezi et al., 2011). Psychotherapeutic interventions can provide valuable support to such children in the hope of improving their current lives and those of future generations.

Furthermore, the impact of such research can benefit other disciplines. As Kasket (2012) suggests Counselling Psychology has the potential to shape policy through consultancy, social justice and community work. The wider reach of counselling psychology can be reinforced by research which takes into account the longitudinal physical, psychological and social effects of war trauma informing the work of health services, immigration services, social services and schools to name a few.

Chapter 2
Methodology

Introduction

This chapter outlines the research aims of the present study, the rationale for adopting a qualitative approach and at the various other qualitative methodologies that were considered before explicating the reasons why IPA was the chosen approach for the current research. This is followed by a discussion of the epistemological positioning of the current project and the methods and procedures carried out. This chapter concludes with sections considering reflexivity and ethics.

2.1 Research Aims

The aims of the current research are to explore the experiences of participants growing up with parents who lived in Uganda during the Idi Amin regime was like for participants. The Idi Amin regime was a traumatic period in Uganda's history, therefore, a secondary research question is to investigate the participants' experience of the intergenerational generational transmission of trauma (IGTT) from their parents. The use of this secondary research question as Smith et al. (2009) suggest is in keeping with the IPA approach that this research adopts and its purpose is to explore the theory-driven question relating to IGTT. This theory-driven approach was bracketed at the data collection stage and only brought in at the interpretative stage because the open nature of data collection excluded certainty about the possibility that the question could be answered. The idiographic approach of IPA can be justified on the grounds that it describes a phenomenon of interest, rather than attempting to prove its incidence (Platt, 1988). I have chosen a qualitative approach to highlight that IGTT in Uganda from the time of Idi Amin's rule, is a topic worthy of investigation. Moreover, a qualitative approach offers a rich description of participants' experiences from which to further investigate any areas of commonality in this population as Bromley (1985) exhorts when arguing for the legitimacy of individual case studies.

2.2 Research Topic and Question

The research topic addresses the question "What are the experiences of UK based Ugandans of growing up with parents who lived under Idi Amin's regime?" Considering the traumatic climate of the Idi Amin regime a secondary question is "What are the participants' experiences of the IGTT from their parents?"

2.3 Rational for adopting a Qualitative Approach

The current research aims to look at the previously unexplored area of research of the IGTT of UK based Ugandans from parents who lived in Uganda during Idi Amin's regime. The field of IGTT trauma research to which the current research endeavours to contribute is largely dominated by the quantitative paradigm seeking to develop a model of trauma transmission from parent to child. In this way it fails to fully appreciate the complexity of the phenomenon and does not explore the possible aggravating and mitigating factors in the transmission of trauma (Dekel and Goldblatt, 2008). Furthermore, exploring participants' subjective experience means that a negative assumption of what is transmitted is not imposed on them. Rather, it allows for the possibility of the positive changes following trauma that have also been documented, to emerge (Calhoun and Tedeschi, 2006). By taking a qualitative approach the current research hopes to address the gap in IGTT research of secondary traumatisation in non-clinical populations to expand the scope of the findings of empirical research.

A qualitative approach has been chosen for the current research in response to the criticisms of the quantitative paradigm. The 'scientific method' (Willig, 2013) which seeks to convert psychological phenomenon into numerical values to be analysed for statistical significance to predict cause and effect relationships between phenomena has been criticised for precluding the possibility of creating new theories because of its emphasis on testing existing theories. The qualitative approach, therefore, allows the possibility for existing theories to be challenged and for novel insights to emerge.

Furthermore, the quantitative approach has been criticised (Willig, 2013) for its claims at objectivity and the assumption that the researcher can play a detached and impartial role in relation to the phenomenon being studied. It has been argued that not only is it impossible for the researcher not to be implicated in the research because they will have a relationship to the subject matter, but in addition two people observing the same phenomenon will perceive it differently and that the mere act of observation and measurement alters the state of the phenomenon under investigation (Woodman, 1996). Thus an alternative to this is for the researcher to reflect on the way their perspective and involvement in the subject matter

modifies the research process and findings through reflexivity; a concept at the heart of the qualitative paradigm. I appreciate the fact that my own perspective including my personal investment, theoretical knowledge and the social, cultural and historical context within which I am embedded would influence the current research. The qualitative approach, in contrast to the quantitative paradigm allows for greater transparency by incorporating researcher reflexivity, privileging the relationship between participant and research as an important element in the co-construction of meaning.

Furthermore, in contrast to the quantitative approach which is probabilistic and actuarial seeking to find statistical norms on a group level to make claims about generalisable laws of human behaviour, the qualitative approach places an emphasis on the subjective experience of participants (Willig, 2013) and is concerned with the way participants make sense of their experiences and the implications and consequences of those experiences. The qualitative approach was, therefore, more appropriate to achieve the research aims which endeavour to capture the depth and richness of the participants' experiences. Additionally, it was this desire to understand the way clients make sense of their experiences that informed my choice to become a counselling psychologist, the qualitative paradigm is, therefore, more aligned to my professional identity as a counselling psychologist.

 'Meaning in context' Willig (2012) is another defining feature of qualitative approaches. This is the way in which participants' make sense of their experiences within particular contexts and the way these shape the participants' construction and use of those meanings. Thus, particular attention is paid to the historical, social and cultural environment within which the participant is situated. This was of particular importance in the current research with its emphasis on understanding the participants' experiences of IGTT within the specific historical and cultural epoch of Amin's regime and from their current standpoint outside this era and living in the UK and the impact of historical/collective trauma. As such the qualitative approach with its focus on 'meaning in context' is better equipped to address the specifics of the participants' experiences within this particular milieu.

2.4 Rationale for Interpretative Phenomenological Analysis (IPA)

I have chosen Interpretative Phenomenological Analysis (IPA) methodology from the qualitative paradigm. Smith et al. (2009) describe IPA as an approach which explores how people make sense of their significant life experiences which is, therefore, in keeping with the aims of the current research to explore participants' experiences of growing up with a parent who lived in Uganda during Amin's regime.

IPA was chosen for its unique dual perspective state being both focussed on the individual 'embodied, situated and perspectival' (Smith et al., 2009 p.29), while recognising the way the individual interacts within the world in relationships. I also chose IPA because its idiographic approach is in keeping with my humanistic values which I believe to be an essential counterpoint to the Idi Amin era which was characterised by the dehumanisation of Ugandans.

Furthermore, the hermeneutic philosophical roots of IPA recognise that individuals do not exist in isolation but that knowledge is constructed through discourse. Therefore, rather than negating the role of the researcher by attempting to take a stance of the impartial observer as in the quantitative paradigm, the hermeneutic nature of IPA regards the relationship between the researcher and participant as an ongoing dialogue throughout the research process as the researcher engages with, and interprets the text.

Other qualitative methodologies which shared some of the same characteristics as IPA such as grounded theory and social constructionism were also considered for the current research Despite being part of the qualitative paradigm grounded theory is more aligned with a positivist approach because it is based on the underlying assumption that there is a directly observable reality that with the help of the researcher theories will 'emerge' Willig (2013). IPA was chosen in preference to grounded theory as the role of the researcher in grounded theory is not acknowledged, rather the researcher is viewed as facilitating the emergence of theory from the data, while remaining impartial to that process.

The social constructionist perspective was also considered because social constructionism contends that individuals construct meaning according to the social, cultural and historical context in which they are embedded (Miell, Phoenix and Thomas, 2007) which I deemed important when considering the particular circumstances of the Idi Amin era in Uganda. However, the social constructionist approach over-emphasises the fragmentary nature of human experience (Crossley, 2000). While acknowledging the linguistic structuring of the self, IPA honours a core sense of self, making a connection between discourse and feelings about experiences.

The emphasis IPA places on a 'core self' is fundamental to the current research which draws on attachment theory, based on the concept of 'internal working models' (Bowlby, 1979). It is through these 'internal working models' that the individual's sense of self develops which influences later life. Furthermore, the current research uses an adaptation of Main's (1985) Adult Attachment Interview which analyses the participant's narrative about childhood. It is this 'narrative structure' towards which Crossely (2000) states human experience is

orientated suggesting a sense of 'connection, order and experiential unity' which is eschewed by the social constructionist approach.

2.5 IPA Overview and Philosophy

Although IPA as a methodological approach in Psychology emerged in the 1990's (Smith, 1996) it is underpinned by three much older philosophical approaches, phenomenology, hermeneutics and idiography, which I will discuss in turn below.

The main focus of phenomenology as an interest in the experience of what it is like to be human. In psychology the study of phenomenology allows rich insight into 'lived experience' (Smith et al., 2009). The significant concepts of phenomenology relevant to the current research are intersubjectivity, the notion of the body as the site of communication with the world and a view of human existence as a dynamic process of becoming. Intersubjectivity is the phenomenological concept elucidated by Heidegger that recognises the shared and interconnected nature of relational interactions in the world (Smith et al., 2009). Although a degree of self-awareness is necessary to Heidegger's concept of Dasein ('there-being') human existence is contingent on being with others, our 'relatedness-to-the-world' being fundamental in how we construct ourselves (Larkin, Watts and Clifton, 2006). This concept is important in the current research which explores the individual within the context of the family, community and society within which they are embedded.

Following on from this concept of intersubjectivity, Merleau-Ponty emphasised the embodied nature of these relationships to the world; regarding the body not merely as an object in the world but the means by which we communicate with that world (Merleau-Ponty, 1962). According to Merleau-Ponty our perspective of the world always comes from one of difference as such we can never fully share others' experiences of the world, contingent as experience is on our own unique embodied perspective in the world (Smith et al., 2009). This central tenet of the body as the site of our knowledge about the world is of concern to IPA research which is focused on what it feels like to experience a particular phenomenon. Embodied nature of experience is significant in the present study as it takes a holistic approach to the individual exploring the embodied nature as well as psychological impact of trauma.

Complimenting Heidegger's notion of human existence as being related to the world, Sartré conceives of human existence as a process of becoming in which our search for meaning is guided by our actions (Smith et al., 2009). Sartré's dynamic view of human existence places greater emphasis on individual choice and personal responsibility. Sartré's philosophy contributes to IPA research by illuminating the way that by being engaged in projects in the

world as we are in the process of becoming, individuals necessarily come into contact and sometimes conflict with others who are also engaged in projects (Smith et al., 2009). The current research investigates how time is an integral part of the meaning making process and as thus to the healing of trauma.

Hermeneutics or the theory of interpretation is a fundamental aspect of IPA. Smith et al. (2009) refer to 'The Hermeneutic Circle' which is the relationship between the parts and the whole; a concept espoused by Heidegger and Gadamer which describes a dynamic relationship of interpretation in which understanding any given part necessitates looking at the whole and to understand the whole one needs to look at the individual parts. IPA is, therefore, an iterative process of analysis, moving back and forth through a range of different ways of engaging with and understanding the data, rather than being a linear process of discrete steps. The iterative process of 'The Hermeneutic Circle' also reflects the holistic approach to the individual of the current research.

According to Smith et al. (2009) IPA is in contrast to the 'nomothetic' approach of most of psychology, which seeks to establish generalisable laws of human behaviour at the group or population level; IPA however, takes an idiographic approach which focusses on the particular, how a particular phenomenon is experienced by particular people in a particular context (Smith et al., 2009). An in-depth analysis of the particular actually takes us closer to universal experience Warnock (1987).

2.7 IPA and Counselling Psychology

Specifically developed by Smith in the 1990's to address the need in psychology for an approach that was both qualitative and experiential while communicating with mainstream psychology, IPA is the methodology most in keeping with counselling psychology, which seeks to understand the client's subjective experience and the meaning they make of their experiences. IPA is grounded in psychology rather than importing methodologies from other disciplines; that is, Psychology is not only experimental but also experiential and thus IPA is an approach that reflects this (Smith et al., 2009). Furthermore, IPA's focus on the human condition and the way in which people think feel and behave in relation to the world, is intrinsically psychological.

2.8 Epistemological Position

The epistemological position of research has been defined by Willig (2012) as the stance that the researcher adopts with regards to the meaning and status of the kind of knowledge that their research generates. This stance is based on a set of assumptions about what can be known about the world and how we can know it. As Willig (2012) points out, although the

purpose of most research is to find answers to questions, the assumptions we hold about the nature of the world are often the basis of research projects. Therefore, in accordance with the reflexivity that is characteristic of the qualitative paradigm it is necessary to acknowledge as far as possible the assumptions we make about the world to clarify the researchers part in shaping the process. The current research takes a phenomenological approach, the aim of which is to produce knowledge about the participants' subjective experience of growing up with parents who lived in Uganda during Idi Amin's regime.

Whereas a realist position is based on the assumption that there is a "real" world that exists independently of the researcher, phenomenological research assumes that there is more than one world out there to be studied as the same event can be viewed from different perspectives by different people. As Willig (2012) succinctly puts it, "there are potentially as many (experiential) worlds as there are individuals" (p12) The task of the phenomenological researcher is therefore, to ask and answer the question what is this experience like for this person?

Because it captures subjective experience phenomenological epistemology regards the social and psychological world as diverse. The purpose of phenomenological research, therefore, is to highlight the existence of a phenomenon, specifically the participants' experience comprised of their thoughts feelings and perceptions. The phenomenological approach makes no claims about "truth" but seeks to understand the participants' lived world, regardless of whether the participants' account is factually accurate or is fantasy. Phenomenological research attempts to gain depth and richness of understanding of the participants' experience.

The ontological approach of the current research is critical realism (Maxwell, 2012). Realism is the view that a real world exists independently from our perceptions or theories about it which causes the phenomena to which our theories refer and is experienced through our senses (Phillips, 1987 and Schwandt, 1997). While there may seem to be a contradiction between the ontological and epistemological positions of the current research as realist and relativist respectively, critical realism is not synonymous with objectivism by claiming that we can have any "objective" or definite knowledge of the world.

Lakoff (1987) further elucidates this distinction between scientific objectivism and realist approaches. Lakoff (1987) contends that while objectivism states that there is only one way in which reality can be viewed in terms of its constituent objects, properties and relations, realism accepts that although a world exists independently of our perceptions of it there is more than one way of understanding reality. The two approaches of a critical realist ontological perspective and relativist epistemology can therefore be seen as complementary.

Frazer and Lacey (1993) further clarify the complementary nature of the two approaches by stating that our knowledge of the real world is necessarily produced through interpretation which can be updated in the light of new information rather than being an accurate representation of that reality. This viewpoint is in keeping with the interpretative phenomenological stance of the current research.

Putnam (1999) asserts that another important aspect of critical realism for qualitative research is that mental states including meanings and intentions, although not directly observable are nonetheless part of the 'real' world, in the same way as observable physical phenomena. This is important because in terms of the subjective nature of phenomenological research, mental states are given equal weight as observable behaviour. Therefore, it is enough to explore the phenomenon of these mental processes in their own right without having to have recourse to the factual accuracy of the participants' accounts. For realists mental and physical entities are equally real although they may be conceptualised differently.

The critical realist multi-perspectival view of reality regards reality as something which can be negotiated and updated as our language and experience of life develops. Maxwell (2012), however makes the distinction between multiple perspectives of reality and "multiple realities" that is independent worlds which are socially constructed. Critical realism also rejects the assumption that we live in a world that is cross culturally the same but with differing linguistic markers (Sapir, 1929/1958). Rather critical realism holds that the way we perceive the world is influenced by our beliefs which are largely constructed and expressed through language. Moreover, critical realists view these concepts and beliefs as phenomena that are part of the world that we want to research and the knowledge that we gain about these perspectives can be more or less accurate (Maxwell, 2012). This point of view highlights the importance of the current research in developing greater understanding of a culture which is markedly different from the usual western-centric orientation of psychological research.

2.8.1 Attachment theory

In addition to the above epistemological and ontological positions, the current research draws on Attachment theory. Attachment theory as part of developmental psychology is in accord with the critical realist perspective that we constantly evaluate and negotiate our reality as our life experience develops.

Of particular interest in the current research is the traumatic nature of the Idi Amin regime, and how if at all this impacted the participants' attachment relationship with their parents.

The theory that attachment style can be passed from generation to generation extends to the transmission of trauma. On the transmission of Holocaust trauma Kellermann (2001) distinguishes between the process of how trauma is transmitted from parent to child and the content of what is transmitted. From his review of literature Kellermann (2001) surmises that there are four main theoretical models of trauma transmission: psychodynamic, sociocultural, family systems and biological. Thus the medium of trauma transmission in psychoanalytic theory is via interpersonal relationships with the trauma moulding 'internal representations of reality' which is passed on by parents to their children. Kellermann (2001) goes on to say that this unhealthy internal working model of the self and parent is repeated in interpersonal relationships. This theory is in keeping with the object relations school of psychoanalytic thought from which Bowlby's (1969) attachment theory was derived. Similarly, in Kellermann's (2001) definition of how trauma is transmitted through the sociocultural model the focus is on the inadequate parenting of Holocaust survivors and the difficulties they face around attachment and detachment. Drawing on the work of Danieli (1981), Kellermann (2001) describes the way in which the closed nature of many Holocaust survivors' families and the fact that the children in these families only come into contact with their parents, siblings and other Holocaust survivors, is a contributory factor in the transmission of trauma.

The current research aims to bring together these different aspects of attachment research in the context of the Idi Amin era; by exploring what it was like for participants' to grow up with parents who lived in Uganda under Idi Amin's regime. As Rowland-Klein and Dunlop (1998) assert, much of the research into the transmission of trauma is placed within the context of classical psychoanalytic theory, particularly the object relations framework with its emphasis on the interactional relationship between parent and child. The rationale of using Main's (1985) Adult Attachment Interview is to capture the participants' subjective experience of their attachment relationship, using the thematic content of the participant's narratives, which is in keeping with the aims of the current research. This is contrary to the use of the AAI as an assessment tool which focuses more on the structure and form of the participants' interviews to assess their attachment style.

2.9 Recruitment

In accordance with Smith et al's. (2009) guidelines for conducting IPA research the sample selection was purposive, which is consistent with the qualitative paradigm, rather than probabilistic. With this in mind participants were contacted via referral from a contact list given to me by the trustees of a UK based charity working with communities in a rural south west region of Uganda. An invitation to participate in the research with the title of the research project and outline of the research aims was emailed to the whole contact list (See Appendix 1). Interested parties then responded to my email and their suitability for participation was assessed according to the inclusion criteria, which are given below. One participant was recruited following a presentation I gave about my research at the charity's annual general meeting. After a follow-up telephone conversation three participants were invited to be interviewed at City University London, two participants requested to be interviewed in their home and one requested to be interviewed at a quiet café near her home. The decision to use a small sample size of six participants is in keeping with the idiographic approach of IPA (Smith et al., 2009). Moreover, Smith et al. (2009) emphasise the homogeneity of samples in IPA research I, therefore, selected a homogenous sample to whom the research question would be meaningful.

2.10 Inclusion Criteria

The inclusion criteria that participants should be over 18 was an ethical consideration to avoid working with children for whom it may be difficult to get informed consent. An upper age limit was set at 55 to ensure that the participants' experiences of Idi Amin's regime were those gained from their relationship with their parents rather than direct. Participants were required to have one or more parents who were living in Uganda at the time of Idi Amin's regime. As a practical consideration participants had to be based in UK for ease of accessibility and fluent English speakers as the research was conducted in English.

2.11 Participant Summary

Unless otherwise stated all participants were indigenous black Ugandans. All names and identifying details have been changed to preserve the participants' confidentiality.

Naima and Rohiny are sisters, in their 50's and the oldest siblings. They describe themselves as Ugandan Asian and have lived in the England since the expulsion of Asians from Uganda by Idi Amin in 1971. Both sisters live in the family home with their widowed mother. Naima is divorced with one child. Rohiny has never been married and has no children.

Ethel is in her late 30's. She is the one of five children. Ethel is also one of a pair of twins but her twin brother died at birth. Ethel grew up in Uganda until she moved to the UK to attend boarding school as a teenager. Ethel is single and has never been married. She has no children.

David is in his mid-30's. David is one of fourteen children. David immigrated to the UK as an adult. He is married to a British woman and they have one child.

Evelyn is in her late 30's. She and her family moved to Southern Africa when Idi Amin came to power and then to the UK when Evelyn was six. Evelyn is the oldest of five children. Evelyn is married and has no children.

Agatha is in her mid-20's. Agatha is an only child. Agatha grew up in Uganda and briefly lived in the USA with her aunt and cousins. Agatha is in a relationship. She is not married and has no children.

2.12 Interview Schedule

The interview schedule was adapted from Main's (1985) Adult Attachment Interview. The purpose of which is to explore the participant's attachment relationships and how these may have influenced their later relationships. As a semi-structured interview AAI is suited to IPA because it facilitates the elicitation of stories and the reflection on the participants' thoughts and feelings about the experiences of growing up. This is the 'rich' data to which Smith et al. (2009) refer to as the aim of IPA. AAI (Kaplan and Main, 1985) and the attachment styles it identifies are a reliable predictor of how infant attachment styles continue into adulthood. The interview was modified to make it more specific the experience of growing up with parents who lived in Uganda during Idi Amin's regime. This was achieved with the inclusion of questions 3, 5, 6 and 8 (See Appendix 2). Smith et al. (2009) suggest between six and ten questions for an interview lasting between 45 to 90 minutes. The interview schedule consisted of 14 open questions with prompts.

2.13 Interview Process

As Smith et al. (2009) suggest, participants were asked where they preferred to be interviewed, location was chosen therefore according to a place where participants felt comfortable, and somewhere that was safe and quiet. Three of the interviews took place at City University London, two were in the participants' home and one at a quiet coffee shop. The interviews lasted between 45 to 100 minutes and were recorded using a digital voice recorder. The room was set up in interview style with the researcher and participant sitting

opposite each other with the digital voice recorder equidistant from the researcher and participant.

At the beginning of the interview participants were informed of the purpose of the interview and given an information sheet (see appendix 3). Participants were asked if they had any questions after reading the consent form (see appendix 4). The participants were reminded of their right to withdraw from the interview at any point. Once participants signed the consent form the digital recording began.

Following the interview participants were debriefed about the purpose of research with the opportunity to reflect on the interview process. Participants were given a debriefing sheet including a list of local resources in case of undue psychological distress as a result of the issues raised. None of the participants reported experiencing psychological distress.

The style I adopted was similar to that of a Person-centred counsellor, demonstrating "holistic listening" (Mearns and Cooper, 2011), paying attention to the entirety of the other person rather than focussing in on one part that I deemed interesting. Holistic listening, therefore, avoided following my expectations and consequently only finding that which I expected to find. In this way I also put the participant at ease and maintained the flow of the interview. When I wanted to elicit more detail from participants I invited them to explore their lived experiences and go deeper by asking them to say more, or to expand on what they meant by a certain word or phrase. This is in keeping with the practice of exposing the obvious in IPA espoused by Smith et al. (2009). I also reflected back to participants what they had said to encourage them to go deeper by paraphrasing or repeating back words and phrases that they used. In this way rather than try to reveal unconscious material (the aim of the AAI) which is incompatible with IPA, I was instead able to explore with participants an unclear, or a felt sense of material at the edge of their awareness. I kept the interview schedule flexible, asking questions as and when they seemed appropriate, discarding any that the participant had already answered, building on previous interviews to update my questions. In this way I was able to open up to the unpredictability of the interview process which is integral to the principles of the inductive principles of the phenomenological approach Smith et al. (2009).

I transcribed the interviews verbatim. In keeping with IPA requirements according to Smith et al. (2009) a semantic record of the interview was made, including notable non-verbal utterances such as laughter and significant pauses. Words were spelt conventionally apart from any words I did not recognise which were written phonetically. Each line was numbered in sequential order from the beginning of each interview to the end of each interview.

2.14 Ethics

Ethical considerations were made throughout the process of research and in keeping with the aims of qualitative research as suggested by Smith et al. (2009) this included on-going reflection and review. Ethical approval and was gained from City University London prior to beginning data collection. Participants were asked to read and sign a consent form before each interview. To preserve the participants' anonymity names and some identifying details have been changed. The digital recorder used to record interviews was kept in a locked drawer and interviews deleted once they had been transferred to a password encrypted external hard drive for transcription.

In accordance with BPS ethical guidelines to ensure that no harm was caused to participants, during the recruitment stage I made participants aware of the potentially emotive nature of the topic under research and reminded them of their right to withdraw from the interview at any point. In keeping with IPA (Smith et al., 2009) informed consent related to the intended use of data for analysis and verbatim accounts. During the debriefing stage I also gave participants information on local services they could access if they felt any emotional distress. Throughout the research process I made use of personal therapy to manage my own psychological distress.

2.15 Analytical strategy

The process of analysis was done in accordance to guidelines given by Smith et al. (2009):

2.15.1 Initial noting

Having familiarised myself with the transcript of each interview I conducted a thematic analysis focussing on semantic content. I made a list of the main themes that were repeated throughout the transcript, collating evidence from each interview. Setting aside this original thematic analysis I bracketed my first impressions to conduct a more detailed analysis.

2.15.2 Coding process

i. Descriptive comments

As suggested by Smith et al. (2009) I used hard copies of each interview with wide margins, noting initial comments in the right and emergent themes in the left. Taking each interview in the order that they were conducted I coded the transcript, making notes on descriptive, linguistic and conceptual comments on each transcript underlining the relevant parts of the interview in different coloured pens and making notes in the corresponding colour. At the descriptive stage of coding, using my initial notes, I returned to phenomenological areas that seemed to be of importance to the participant relating to relationships, processes, places, events, values and principles (Smith et al., 2010).

ii. Linguistic comments

The coding of linguistic comments included the use of idiomatic phrases and expressions, pronouns, places in the transcript where there were significant pauses or the participant trailed off, laughter, repetition or hesitation. I noted metaphors and ambiguous meanings. By exploring alternative words and literal meanings of phrases, or looking at the aetiology of particular expressions, I was able to open up a new line of enquiry into the participant's experience. This was particularly true of the participants' use of biblical phrases.

iii. Conceptual comments

In the third stage of coding I made conceptual comments, making tentative interpretations of the participant's meaning. Drawing on my own experiential knowledge as the child of Ugandan parents social and cultural aspects within the participants' interviews, came to the fore. My existing theoretical knowledge from my studies of counselling psychology specific to the research question such as attachment theory and child development also emerged. Using my skills as a counselling psychologist I made enquiries of the transcript that I felt had I made them during the interview would have moved it away from a research interview into a therapeutic session. Gadamer (1990) asserts that essential to the analysis is the analyst's working out of their own '" fore-projections". By observing my own interpretations of the transcripts from the multiple perspectives outlined above, and staying as close to the participant's words possible, I attempted to maintain the integrity of the participant's experience while developing a deeper understanding of that experience.

2.15.3 Finding emerging themes

Having coded the transcript, I distilled these notes to develop emerging themes for the transcript. These themes were named using words or phrases which summed up the meaning of the annotations while coding. Having made a list of emergent themes I explored connections between these themes. For transcript one and two which were the lengthiest and richest interviews, I noted the context in which each theme emerged – a process defined by Smith et al. (2009) as 'contextualisation'. In these two transcripts there were sets of key life events with which clusters of themes were associated. Using a process of 'abstraction' Smith et al. (2009) some clusters were given a completely different name which described the context to which they related, in this way creating a super-ordinate theme. Using 'subsumption' Smith et al. (2009) themes within the cluster at times elucidated the meaning of that cluster and became the super-ordinate theme. Having developed a set of super-ordinate and sub-themes I then compiled a table of themes for each transcript (see appendix 5).

For the remaining four transcripts I was able to complete similar processes of abstraction and subsumption (Smith et al., 2009) to reveal super-ordinate themes by first compiling a list of emergent themes as I did with transcripts one and two, including every occurrence of the theme so that I had multiple copies according to the frequency of each theme. Putting each theme onto a piece of paper I arranged them in terms of their connections to other themes. These connections were descriptive, linguistic and conceptual according to the three stages of initial coding. From these constellations of themes, I designated a super-ordinate theme by abstraction or subsumption. I then created tables of themes for each transcript.

2.15.4 Patterns of themes across the data set

Having systematically worked through each transcript in this way, I returned to the research question and, making reference to my theoretical framework of attachment theory, I analysed the overarching themes across the data set. By laying out each table of themes from each transcript I found areas of commonality between the themes from each transcript. I relabelled and re-configured subordinate themes to connect themes across the data set. Having found patterns of themes across the data set, I compiled a master table of themes for the group (see table 2). Returning to each transcript with my research question at the fore I analysed the frequency with which each sub-theme emerged across the data set, finding relevant quotations to support it. By reassigning some of the quotations to different sub-themes I found support for each sub-theme in at least four of the six transcripts, thereby distilling the themes further.

2.16 Methodological and Procedural Reflexivity and Quality Implications

Yardley (2000) asserts that reflexivity is a key characteristic of good qualitative research. In this section I aim to be reflexive about my methodological procedure and my relationship with the participant to make justifiable claims about validity.

The recruitment method may have influenced the type of data. By using the charity's mailing list participants were not neutral as they are already sympathetic to the work of the charity. Furthermore, one of the participants was recruited following a presentation I gave about my research at the charity's AGM. Following my presentation, the participant would have had a much greater awareness of my research aim than other participants and this may have resulted in the participant tailoring her responses to fit my research aim. While recruiting participants I spoke to two people who identified themselves as pro-Amin, whereas the participants I recruited were anti-Amin. The decision not to use these participants was due to the fact that they did not conform to the inclusion criteria, however, I wonder how these accounts would have differed from those of the participants I did recruit.

An upper age limit was initially set of 45 years old. This was to ensure that the experiences of Idi Amin's regime recounted were those gleaned from the attachment relationship of the participants to their parents rather than from direct experience. However, the first two participants were nine and eleven years old respectively when they left Uganda. After a further telephone conversation prior to the interview they admitted that their understanding of the situation came from what they were told by their parents. I felt that this warranted their inclusion in the research.

During the recruitment process I made assumptions about the ethnic origins of the participants that they would be of black African or mixed race black African and European. Only when confronted with a potential participant who was white English whose parents had immigrated to Uganda and Ugandan Asians, did I question my inclusion criteria. I chose not to contact the white English participant from the contact list based on the importance I place on the shared cultural heritage of colonialism by indigenous Ugandans and Ugandan Asians in the current research, which I believe created what Musisi (2004) identified the "culture-bound PTSD syndromes" in Africa which can span several generations. The legacy of colonialism includes the undermining of belief and value systems, including traditional religious and cultural practices. Kareem (2000) describes this as a psychological colonisation, designed to destroy the inner self and perpetuate the colonisation process, generations after the occupying forces have left. Therefore, a white English participant would not share this continued experience of being 'other' in the world.

I acknowledge that the co-construction of meaning that is inherent in the interview process power dynamics are an important feature and that the location of the interviews has the potential to influence this power dynamic. Therefore, conducting interviews within an academic institution may have further highlight my position as a middle class, British born, doctoral student positioning me in the more powerful role. Conversely, the first two interviews took place in the participants' home. As is customary in Asian and Ugandan cultures when entertaining a guest, they invited me to eat with the family prior to the interviews. This established a relationship of host and guest rather than interviewer and interviewee. This dynamic meant that I was less directive than I might otherwise have been and both participants often veered off topic. Both participants spoke at length leaving few pauses for me to interject with questions from my schedule and in my role as guest I did not want to appear rude by interrupting them. The combination of the nature of their family system to maintain loyalty especially in the face of outsiders, my research topic and the location of the interview in their family home served to create a power imbalance in favour of the participants.

Drawing on my shared Ugandan heritage with participants, while creating a rapport was also problematic. At one point I was asked if I knew about a particular cultural situation to which I said yes. Fortunately, the participant elaborated but this demonstrated to me that I could have missed vital information by letting the participant assume I had greater knowledge of some of the idiosyncrasies of Ugandan culture than I in fact possessed. In subsequent interviews I became mindful of this and endeavoured to 'expose the obvious' as advised by Smith et al. (2009). Often this simply meant asking the participant if they could say more on the subject.

2.16.1 Culturally congruent research methods

The present project endeavours to take a culturally sensitive approach, which is integral to the idiographic nature of IPA, seeking to explore a particular phenomenon in a specific context. By adhering to 'sensitivity to context' (Yardley, 1997) it was necessary to acknowledge the particular socio-economic and cultural context in which the participants are situated. I followed Tillman's (2000) guidelines for culturally sensitive research to inform the research process.

In keeping with Tillman's (2000) guidelines, the current study uses semi-structured interviews to be phenomenologically analysed. Tillman (2000) proposes that qualitative methods such as interviews are the most culturally sensitive research approaches because of their holistic perspective encapsulating the social, political, economic and educational day-

to-day reality of African Americans. This assertion can be extrapolated to the current study and the exploration of the experiences of Ugandans.

2.16.2 Culturally specific knowledge

As a second generation Ugandan born to parents who lived in Uganda during Idi Amin's regime, I consider myself to be fully engaged in the research process by having a shared experience with my participants. However, I am also aware that having been raised in the UK there are many aspects of Ugandan culture that I do not share with the participants. Tillman (2000) states that such acknowledgement on the part of the researcher of the boundaries of their own cultural knowledge and insider and outsider perspectives related to the research process are essential to the commitment and responsibility of the researcher to maintaining the participants' cultural integrity and that of other members of the community.

2.16 3 Cultural resistance to theoretical dominance

According to Tillman (2000) culturally sensitive research approaches should seek to challenge any unequal power relations inherent in the research process which may diminish the experiences, knowledge bases and multiple alternative realities of African Americans. Questioning the cultural applicability of the attachment paradigm in the current research is one way in which I attempt to address the supposition of research privilege. I also acknowledge the unequal power relationship created between the participants and me in my role as researcher and seek to minimise this by interviewing participants in a setting of their choice.

2.16.4 Culturally sensitive data interpretations

In accordance with Tillman's (2000) guidelines, the use of IPA in the current research legitimises experiential knowledge as an appropriate means of analysing, understanding and reporting data.

2.16.5 Culturally informed theory and practice

The current research draws on the participants' subjective experience and cultural understandings of attachment and IGTT to build connections between the paradigm and the participants' lived reality. It is hoped that such an approach has the potential to contribute to and inform theory from what Dillard (2000) terms an 'endarkened' perspective.

2.17 Personal Reflexivity

As the offspring of survivors of Idi Amin's regime, the primary motivation of the current research was to explore the dynamics of this specific attachment relationship. By analysing the participants' experience I hoped to gain insight into my own experience. My parents were born and raised in south west Uganda and fled when Idi Amin came to power in 1971. I have always been curious about how the brutality of the regime affected their psyches and their lives. Of particular interest was how their experiences may have influenced their interpersonal relationships. My parents separated before I was born and their relationship was volatile. Since separating they have seemed unable to develop intimate relationships with others, anger being a specific issue. My parents have suffered from alcoholism, depression and debilitating health conditions. I have also experienced similar issues such as instability in intimate relationships and more recently physical symptoms that mirror my mother's. This leads me to question what influence the Idi Amin regime had on my parents' physical and psychological wellbeing, interpersonal relationships and consequently the effect this had on our attachment relationship and my adult life.

Although sharing Ugandan heritage with my participants, which may contribute to developing a rapport, there are also many cultural differences between us which could influence the relationship. Born and raised in the UK I identify as Black British. I therefore, need to be aware of Ugandan culturally specific references. Not all participants have had the same educational opportunities, it is, therefore, important to be mindful of the power imbalance that this and the researcher participant relationship creates. Furthermore, as Forchuk and Roberts (1993) exhort in guidelines for ensuring the rigour and credibility of qualitative research, I took care to note my level of participation in the research in my role as participant/observer. To maintain the delicate balance between using myself as a research instrument and prevent me from seeing the participants through the lens of my own experience I put several measures in place. Throughout the process I kept a reflexive journal, as suggested by Shenton (2004) I engaged in 'frequent debriefing sessions' (p.67) by consulting with my research supervisor. I also allowed scrutiny of aspects of my analysis by presenting some of the themes at the AGM of the charity that provided me with the contacts list. In this way I was able to get feedback from the population involved, one of whom later chose to participate in the research on the basis of my preliminary findings. This can be seen as a form of triangulation to verify the viewpoints and experiences of participants against others in a similar situation (Shenton, 2004). In another form of triangulation to further ensure that my personal biases did not influence the research process, I read extensively on this period in Ugandan history and Ugandan culture.

Throughout the research process I consistently took a reflective stance continually evaluating the project as it developed. In this way many of the assumptions I held when I initiated the project were challenged – a challenge which I embraced and incorporated into my research findings.

2.18 Epistemological Reflexivity

Considering Leininger's (1994) criterion of credibility for evaluating qualitative research, it is important to acknowledge the western-centric perspective of the theoretical underpinnings of the current research. Although based on research conducted by Ainsworth in Africa, attachment theory subscribes to western-centric beliefs about psychological well-being of which independence is a signifier. It is important, therefore, to acknowledge that in the Asian and Ugandan cultures to which the participants belong, the community plays a greater role in the psychological well-being of the individual than in western cultures. My interpretations informed as they are by western theoretical models, therefore, come from a differing perspective than those of the participants. However, I consider this to be acceptable as one of the aims of the research is to create a 'fusion of horizons' (Gadamer, 1996) by combining both perspectives and moving outside their limitations to develop a new way of understanding the participants' experiences.

2.19 Methodological reflexivity

2.19.1 Quality and Validity

As a qualitative researcher it is important to be able to evaluate research by standards appropriate and sympathetic to its aims, or risk being assessed by the same standards as quantitative research which is not relevant to the aims of qualitative research. Yardley (1997) tentatively suggests some characteristics of good qualitative research; sensitivity to context, commitment and rigour, transparency and coherence and impact and importance. Table 1 below briefly outlines how the current research aspires to achieve these guidelines.

Table 1. Characteristics of good qualitative research (Yardley, 2000). Guidelines are shown in bold with examples from the current research below each heading

Sensitivity to context

Within the context of attachment theory and research on IGTT, awareness of socio-cultural context of participants and my differing perspective, addressing ethical issues including power imbalance and emotive nature of topic

Commitment and rigour

Personal engagement with my own family history through research, selection of adequate sample size to explore phenomenon, three different levels of analysis – descriptive, linguistic and conceptual (Smith et al., 2009), patterns across data set

Transparency and coherence

Personal, epistemological and methodological reflexivity, compatibility of research question, phenomenological epistemology, IPA as methodology and use of semi-structured interviews

Impact and importance

Giving voice to a marginalised group, enriching existing theory on attachment and trauma, contributing to diversity of counselling psychology practice

Chapter 3
Analysis

Introduction

In this section I will analyse the data from the participants' semi-structured interviews. Due to the richness of the data generated what is presented here is necessarily an abridged version of the full analysis. The intention being to create a compelling and coherent narrative from the data, which answers the research question about the participants' experiences of IGTT from their parents who lived in Uganda during Idi Amin's regime. I have, therefore, given verbatim extracts to support the argument being made editing quotes to improve their fluency while retaining the meaning of the quotes; in this way ensuring the participant's voice is foregrounded and adhering to one of Yardley's (2000) principles of good qualitative research of 'sensitivity to context'.

The interpretations produced are from within the data, thereby, bracketing theory as suggested by Smith et al. (2009), while acknowledging my own perspectives on the data and being transparent about these where such perspectives have been drawn on to make observations and interpretations in the production of the analysis. A dialogue between the data and research literature will be more fully explored within the discussion section. Extracts from the transcripts have been italicised, with the corresponding line numbers from the transcripts placed in brackets at the end of each extract. Quotations made from the extracts within the body of the analysis are put in quotation marks.

3.1 Family Dynamics

When asking the question, "How do participants experience IGTT from parents who lived in Uganda during Idi Amin's regime?" the family environment, unsurprisingly emerged as the main area in which the participants' relationship with their parents is experienced. At times I move away from the participants' direct experiences to demonstrate how they perceived their parents and also their siblings' experiences. This shows the effect that family system had on the participant, what they observed in their families, and how not every member of the same family is affected in the same way; that factors such as individual differences, gender, birth order and the way parents treat each child can influence their experiences.

3.1.1 The Father

In many of the participants' interviews, the participants' relationships with their father takes a prominent role. In most cases the father is viewed by the participants as the head of the family and as responsible for the family in various ways.

Naima holds her father up as the ideal of masculinity,

And it was a really good thing he was the type of man he was known to be very hot tempered… And he was known to not mess with… But he was also known to be very fair and if you were in the right and you didn't get justed (sic) you asked for his help, you got it. So a good man. A man in my definition (21-23).

Naima views his aggression as a positive trait "And it was a really good thing he was the type of man he was known to be very hot tempered" because he was just in his use of aggression "he was also known to be very fair" using it to help others, "you asked for his help, you got it".

Rohiny echoes the sentiment that their father could be aggressive at times, and adds that his temper was used not only to help others but also to protect the family,

… I know whilst my dad was living that no harm would come to us … He's always there we call it like the roof of the house (264-5).

Here Rohiny says that although her father could lose his temper, it was not to the detriment of the family rather that it offered them protection. She makes this point by saying, "I know whilst my dad was living that no harm would come to us" further emphasising this by adding that he was "like the roof of the house"; implying that like the roof of the house, her father offered protection against external elements. The roof, based at the top of the house also symbolises the head. This can be seen as head of the family as well as viewing the family like a body of which the head can be regarded as the logical, rational thinking part.

In contrast, other participant's describe their fathers' aggression as abusive and detrimental to the wellbeing of the family. When Ethel talks about her father's violent temper she says that after his father was assassinated by Idi Amin,

He resorted into drinking a lot… Yeah it affected the family as well, when he gets drunk he abus… He wasn't like physically abusive but like verbally… (39-42).

Here Ethel makes the connection between the impact that her grandfather's death had on her father that afterwards "he resorted into drinking a lot". She goes on to describe the effect

that the alcohol had on his behaviour when she says, "…he wasn't like physically abusive but like verbally…" and describes the impact that his behaviour consequently had on the rest of the family, "yeah it affected the family as well".

Similarly, David describes his father as being alternately emotionally distant and abusive when drunk,

… He could get angry and withdrawn he would talk about and feel bitter and sometimes he would just walk away and resorted into drinking the little money and he became very, very violent… To the whole family (310-314).

David implies that his father's negative feelings caused him to drink, which lead him to be violent, negatively impacting the whole family.

Evelyn experiences her father as fostering a relationships based on equality. Although, unlike other participants' fathers, Evelyn's father does not use violence and aggression, he does however, take a dominant role in their family as Evelyn was growing up. She says,

… The voice that was loudest was my dad's… But that changed over time and I think that's more to do with the more independent my mother ca – became and… That she would be more likely to stick up for herself (495-8).

Evelyn starts by saying that her father's voice dominated that of her mother's when they argued, "… the voice that was loudest was my dad's". When Evelyn says, "but that changed over time and I think that's more to do with the more independent my mother ca – became", she implies that her father's dominance was connected to his economic position within the family as the main breadwinner; that once Evelyn's mother was able to gain some economic parity, she felt able to "stick up for herself".

Agatha remembers her early relationship with her father as positive, based on his infrequent visits

From as a child like I said I was really spoilt by him and that's what I associated with him when he comes into the country I get new things you know, that's it he takes me here, he takes me there, I come visit him here things like that (243-5.)

Agatha makes a connection between her father and receiving gifts and visiting different places with him, "that's what I associated with him when he comes into the country I get new things you know, that's it he takes me here, he takes me there" This gives the impression of Agatha's father as a visitor in her life rather than a permanent fixture. Agatha implies that her father's gift giving was a signifier of his affection for her "I was really spoilt by him".

3.1.2 The Mother

The participants' relationships with their mothers are also of importance in their interviews.

Naima credits her mother with keeping the family together,

… I started to appreciate and understand and then, bless my mum in every way that she could make us understand because maybe we wouldn't have stayed a family (208-209.)

Naima says that her mother was the bridge between her father and her and her siblings; she used all the means at her disposal to facilitate their relationship. Naima says that through fulfilling this function her mother prevented her father's "volatility" from breaking up the family.

Whereas Rohiny positioned her father as the 'roof of the house' way, her mother is firmly positioned within the house,

… Mum was busy in the house sewing so she could see. The sewing machine was positioned so she could see everything, someone entering the front door and people leaving the back cos so she could keep her eye on everybody (193-6).

Positioned in the centre of the house, her mother presides over the people who come and go in the home. She is, therefore able to observe all the interactions "she could keep her eye on everybody" in this way Rohiny describes her mother as inextricably linked to the domestic sphere. Rohiny's situating of her mother at the centre of the house can also be seen symbolically, as the 'heart' of the house and the family. The family can be seen as a body in which the heart rules emotions.

Ethel describes her mother as the driving force within her family after her father becomes depressed following his father's murder. Ethel says,

… it was just my mum who was, you know getting us going (25).

David describes himself as being emotionally attached to his mother as he was growing up,

… My mum was loving you know… (127) …She kept us close. Feeding, everything and now I miss her so much (132).

In these two extracts David expresses some of the ways in which he experienced his mother as loving. Unlike his father, he does not experience his mother as being distant either physically or emotionally, he describes her as keeping her children close. David makes a connection between physical and emotional nourishment when he says that part of the

loving he experienced from his mother was from "feeding". David makes clear the impact that this emotional bond with his mother continues in adult life when he says, "and now I miss her so much".

Agatha remembers having a close relationship with her mother. She says,

I do know that my mum and I were really close. Erm she came back, she came back before she passed away so I know we were really close I was really attached to her and from what, I remember that I know I-I remember I called her my best friend and you know we had a very good relationship and from what people have told me as well that she really did have a bond with me (48-51).

Agatha emphasises throughout this passage, the importance of the attachment relationship she formed with her mother while her mother was alive. She says that they were "really close" and that she was "really attached". Agatha also says that she called her mother her "best friend" that they had a "very good relationship". Agatha's assertion her knowledge of "bond" she and her mother shared came from what she has heard from others denotes the importance of this attachment relationship for her and also belies the fact that her memory of it is incomplete.

3.1.3 Parents' relationship

As well as separate individuals, the relationship between the participants' parents also emerged as an important theme.

Naima talks about the importance of having parents whose personalities complimented each other

… You need a balance; you need somebody - for instance my father was very hot tempered but my mother was very calm there's a balance (569-570).

Rohiny recollects her parents' relationship as volatile,

Well my mum and dad they always had a-a-a sort of fiery relationship… They discussed everything, they never hid anything (427-429).

Rohiny's assertion that her parents "discussed everything" and "never hid anything" suggests that their fiery relationship was indicative of open communication between the two.

Although David at first says that he thinks his parent's relationship was good, his later responses show that he is less certain,

I think it was OK… We don't know whatever will happen in their bedroom cos we don't know them…so whether they are fighting inside without us seeing that's not a problem, but quite often you would see my mum not happy (181-5).

While there may be a practical reason for mentioning the bedroom as the only private place in the house where they might argue, it is also symbolic in terms of the sexual part of his parents' relationship which remains a mystery to David as a child, the part of their life from which he was barred. David says that if they fight in private 'that's not a problem', meaning that he was not involved and possibly spared his father's temper. However, his final comment that 'often you would see my mum not happy' belies the fact that he was aware that all was not well with his parents' relationship.

When talking about her parent's relationship Ethel expresses her mother's viewpoint. She says,

… She could have just got up and left but if she had left, see how my dad was and everything she you know it would have been more difficult now like not knowing what would have happened (280-2).

Ethel says that although life for her mother was hard with her father, that it was better than being a single mother. When she says, "see how my dad was and everything" she suggests that her father may have made her mother's life more difficult if she had tried to leave him meaning that she had little choice but to stay in an unhappy relationship.

Agatha has no recollection of her parents as a couple. She says,

I actually don't really remember any interaction between them maybe just one time he came to the house and you know was friendly but other than that I really can't say, I've seen pictures of them together but not that I remember them being together them being happy… No (62-65).

3.1.4 Differences between siblings

Even within the same family environment there are differences between how each member of the family interacts with that environment, Naima sums it up when she says,

So I have different memories to my sister because my nature is different… Each one of us is different and maybe each one of us gets treated differently we don't know what we may represent… To our parents… As children what memories we hold for them, the circumstances of how we were born or whatever we don't know but I know that I've… Never felt like I wasn't wanted, loved, cared for (182-6).

Here Naima says that the differences between hers and her sister's recollection of the family are due to individual differences in their personalities, "So I have different memories to my sister because my nature is different". She goes on to say that their parents may have treated them differently because of how their parents felt about them as individuals, "maybe each one of us gets treated differently we don't know what we may represent to our…parents". Naima's assertion that, "I know that I've, I've never felt like I wasn't wanted, loved, cared for", suggests that perhaps her sister did not always feel the same.

Ethel notices that her father treats her differently from her siblings,

I was one of his favourites… I remember he had a guitar as well he would play certain songs that when I was about 4 or 5 in the house and he just call me like pet names which I didn't see him do to the others (351-4).

This is one of the few fond memories that Ethel has about her father which made her feel special, the favoured one of her siblings.

The differences between David and his siblings are most clearly seen in terms of the available life options according to gender. David's elder brothers left the family to fight against the Idi Amin regime,

… When a man came up that we are going to fight the government and he needed resources and resources was energetic boys and then my three brothers went (235-6).

While his elder sisters left the family through marriage,

I saw three sisters of ours getting married. They still in their marriages today but it wasn't time. It wasn't, it wasn't sure whether they went in willingly or they were trying to avoid the situation in our home (333-5).

Here David highlights the main avenues available to escape poverty at that time in Uganda, boys joined the rebel forces and girls got married, further implying that his sisters' marriages may have been forced "it wasn't sure whether they went in willingly".

Evelyn identifies a difference between her and her siblings according to the fact that she is the eldest,

… Your focus growing up then especially as the first ones with a disrupted school life so your focus is only in fitting… In the place (176-9).

Evelyn suggests that "as the first ones" she was like a pioneer for her younger siblings.

3.1.5 The importance of family staying together

Naima explains how staying together as a family protected them from the outside world,

… Coming back the family being very important no matter how, no matter how everybody else or you were treated or being perceived to be treated you stayed together OK? (504.)

For Naima's older sister Rohiny, this protection provided by the family staying together goes beyond the immediate family to the extended family. When she talks about arriving in the refugee camp in the UK she says that her family gathered up all the other members of the family,

… We arrived and everybody went to their different areas so we went round the camp looking for all the [says surname] (395-6).

Rohiny says that her family were separated by displacement but actively sought out other family members on arrival.

For David, his family staying together was a means of protection against the regime,

… The, the main thing here was um why people were not moving beyond the family because of the fear of the… Political situation you know… We wouldn't move migrate or… Go to the city if you be suspected to be a political activist or involved stuff (8-12).

When David says "the main thing here" he is saying that the driving force behind families (including his own) staying together, "not moving beyond the family" was fear of being accused of working against the regime.

Ethel's family spent much of their time separated while she is growing up. Ethel describes her experience of living with her aunts while her father was in hospital and her mother was caring for him in hospital. She says,

… No one really except my aunties... To look after us and they were not very nice so there was a lot of abuse there as well we…got split up, the eldest one like my eldest brother and um sister they stayed home but we couldn't stay with them… So I was taken to one of the aunties and my younger sister was taken to another one (97-101).

Being separated from the rest of the family meant that Ethel is exposed to further abuse "there was a lot of abuse there as well". However, she has to face this abuse alone as her mother is in the hospital caring for her father and her older siblings stay at home "so, I was taken to one of the aunties and my younger sister was taken to another one"

Evelyn shows an awareness that families separating was a common occurrence. She says,

I appreciate there are reasons why families have to separate etc. I think my family, especially my mum that's just something that would just never entered her head (114-5).

Evelyn makes clear the importance of keeping the family together regardless of the circumstances for her mother when she says, "that's just something that would just never entered her head".

3.2 Absence and Loss

Absence and loss are threads that run not only through the participants' direct experiences but also throughout several generations of the participants' families. In some cases, participants express the view that the absence and losses of previous generations continued to be felt in their own lives.

3.2.1 Death

Naima not only has direct experience of death with the premature death of her brother, but also talks about her father's experience of death which intricately linked to birth.

His first wife died in childbirth, his first child died in the first year (286).

Naima gives no further information about her father's feelings about these events. This is a part of her father's life that remains a mystery to Naima, another family that he created before she was born. Naima is, therefore, excluded from her father's first family and may experience it as her loss too.

For Ethel birth and death are inextricably linked. She sets the scene of her family situation by talking about the death of her twin days after their birth and the later death of her elder sister,

… I'm the second last and a twin but my twin brother passed away at around that time cos we were born at the time at from home so my mum didn't get the proper medical care and his umbilical cord was cut short so he died from an infection like I think it was 15, 10 days later or so…yeah. I have two sisters, there were three one passed away in '91 when she came here, the eldest one. She was 24 (7-10).

Ethel's life is inseparable from death. Her own birth coincided with the death of her twin brother. She says, "… My twin brother passed away… Around that time". In talking about the death of her twin brother, Ethel also makes the connection between death and the home saying that the reason her brother died was "cos we were born… From home". Moreover, Ethel blames poor healthcare and the death of her twin brother when she says, "my mum didn't get the proper medical care".

For David the threat of death comes from outside the home with Amin's soldiers symbolising death,

So all my brothers unfortunately they succumbed for their wounds in the struggle in the Congo Amin after everybody think Uganda so seeing a soldier seeing a mere uniform before '80's was like … 'vatu' (sic), that is mean death. It initiate causes with death if you see someone with a uniform you know that is death (244-7).

David blames the loss of his brothers on the fact that they fought against Idi Amin, "all my brothers … Succumbed for their wounds in the… Congo" David distinguishes between the rebel forces of the current regime and the soldiers during the military rule of Amin's regime when he says that seeing a soldier's uniform "before '80's".

Unlike other participants Agatha experiences the loss of both her parents while growing up. First by being geographically separated from her parents her "mum went away" and her dad "was barely there" and later the permanent loss of her mother because "she passed" when Ethel was six. Agatha's early childhood is therefore, characterised by absence and loss.

… My mum went away, she passed when I was about six but about from I was about three or so she went to the US… For her further studies as well, and my dad was barely there as well because he would come about ten days a month based on his travel (38-41).

3.2.2 Psychological absence

Boss (1999) defines psychological absence as when a person is physically present but psychologically or emotionally unavailable. The participants experience the psychological absence of their parents through mental illness, alcoholism or physical and emotional abuse and neglect.

Talking about when her family first arrived in the UK, Rohiny remembers that her mother suffered from depression. She says,

… My mum said d'you know I-I did get depressed there and everything, then you realise and then mum, yes you did go a bit quiet (375-6).

Rohiny describes the effect that her mother's depression had on her behaviour saying that she "did go a bit quiet". This suggests that her mother withdrew, perhaps making her less emotionally available to her family. Her mother's comment "d'you know… I did get depressed" is said with surprise as if she was unaware of her own feelings at the time. Rohiny's mother was perhaps also disconnected from herself.

Ethel experienced her father's psychological absence in several ways; firstly, from the long term depression he suffered as a result of his father's murder, then his alcoholism brought on by his depression and the abuse she suffered at her father's hands. Ethel's father was also involved in an accident which put him in a coma for three months. A later stroke and alcohol related dementia caused memory loss that further made her father psychologically absent. Talking about the effect that her father's character change and subsequent memory loss caused by heavy drinking had on her as a child Ethel says,

Ethel: he just hit me at the back of my head and I thought I was like almost dying cos I just saw stars and I was - started screaming and I was saying to my mum like he's going to kill me and that… Was when he was he was drunk and then the next days like…you ask him…about it and he would just say he would say he can't remember

M: What was that like? For him not to, to remember the next day?

Ethel: It was painful; it was heart breaking (136-40).

Not only does Ethel experience her father as absent, therefore, but her own experience is eradicated through his memory loss and denial of what happened. Her comment that she was "almost dying" could refer not only to the physical violence her father inflicted on her, but also to the feeling that her lived experience did not exist when she confronted him about it later. Ethel also says that she called out to her mum "I was saying to my mum like he's going to kill me" but does not say how her mother helped her if at all. Her mother's seeming inability to save Ethel in situations like this may, therefore, have doubled Ethel's sense of loss and abandonment.

David also describes his father as being psychologically absent in several ways. When growing up David remembers his father as being emotionally distant from him and his siblings. He says,

… We used… To pass on our requests to our mum and our mum would put it to dad's table and so… it's for me at those days was bureaucrat ah no…can't even tell you…like a hierarchy on the table it's dad's chance to sit with his children but he has his special dinner table (136-41).

David describes the emotional distance he experienced with his father in the way he and his siblings had to communicate with their father, "we used to, to pass on our requests to our mum and our mum would put it to dad's table". This emotional distance for David manifests itself physically in the dinner arrangements, "it's dad's chance to sit with his children but he has his special dinner table". David also highlights that this was his father's choice to sit separately from his children when he says that it was his "dad's chance".

For Evelyn her mother's tendency to keep her emotions "bottled in" becomes apparent to Evelyn when her father has an affair. She says of her mother at that time,

… You can see actually you must have been much more unhappy (sic) than you realised because you shouldn't have been having those conversations with me (378-390).

Evelyn says that her mother was disconnected from her own feelings saying that her mother was unhappy than she "realised". During this period Evelyn says that she remembers acting like her mother's "friend". In this way Evelyn puts her mother's needs first. Her own feeling that her mother "shouldn't have been having those conversations" with her are, therefore subordinated. Her mother at this time was emotionally unavailable to Evelyn because her own needs took priority.

3.2.3 Poverty

Poverty has a negative impact on the lives of most of the participants, contributing to their experiences of absence and loss in several ways. Poverty leads to a lack of resources, education, security, adequate healthcare, opportunities and status.

The complete reversal of her family's financial circumstances as a result of their forced expulsion from Uganda due to Idi Amin's regime, severely damages Naima's father's status and sense of self-worth,

… My dad saying to my mum… How are we going to live in this country? I would not put my dog in the houses they've shown, how are we going to survive here? No paper qualifications, no money, nothing (147-149).

For Naima the loss of her father's status also forces her to confront his vulnerability for the first time. This increases Naima's sense of loss – not only has she lost her home, security and status but also her image of her father as a strong man.

Rohiny talks about the direct impact that her family's poverty had on her when moving to the UK. Talking about going to school for the first time in the UK she says

I went to school with no uniform I had to have platforms on because my parents couldn't afford shoes for the snow and everybody said have you seen Roe? She's got platforms on and it's snowing! But I couldn't tell them that we couldn't afford shoes you know (519-22).

Her family's poverty as a result of their forced expulsion from Uganda means that she does not have a school uniform or adequate shoes for the weather. This singles her out as different from her peers and draws their attention, "everybody said have you seen Roe?" When she says, "I couldn't tell them that we couldn't afford shoes", she highlights the shame

that she felt about her family's poverty. This shame at standing out because of her poverty may also have led to loss of self-esteem.

For Ethel poverty impacted her family in several ways; poor health care, lack of education and lack of money which meant that they had to move house several times,

… We stay in one place and then you know the landlord is like the rent and all that has to come and we have to find another place and live with family and you know so it was it was hard (26-28).

Ethel's use of the present tense in the first part of this passage suggests that she is still processing the lack of security that displacement brought.

Moving house frequently also had the knock on effect of preventing her and her siblings from going to school. Talking to her sister about their past Ethel says

… She would have loved to start school early and you know but we didn't get that privilege and she feels like you know that just took a whole chunk out of her (202-3).

Here Ethel is talking about her sister's feelings about not having the opportunity to go to school. When she says that "it took a whole chunk out of her" suggests that Ethel's sister's lack of education makes her feel incomplete as a person. Therefore, the sense of deprivation for her family is not isolated to the past but is felt in the present.

David sums up the effect that poverty had on his and his siblings lives while growing up,

First and foremost – having many children without the resource has affected us. Keep passing poor souls. And then life a part of life was not good, in terms of food, play thing, hospital, health treatment and all that we're always lacking (475-7).

Here David also demonstrates that the effects of poverty in childhood are still felt today. Rather than say that poverty affected them he says "has affected us" implying that they continue to suffer from poverty. He also uses the present tense when he says, "we're always lacking"– signifying that the effects of poverty have never abated. There is also a sense in which David is not just talking about their financial situation but also making a comment on his family members as people. There is some ambiguity about David means when he says "Keep passing poor souls" It is unclear whether he means poor as in financial terms or as in pitiable. David also gives the impression of the inescapability of their poverty by using the word "souls" which has a feeling of eternity and being beyond this lifetime. When he says "we're always lacking" there is the feeling that they are also lacking as human beings. David also starts to say that life was not good, but corrects himself and says that "a part of life was

not good". David expresses the feeling that poverty significantly reduced the quality of his life.

3.2.4 Trust

Participants describe how the circumstances in which they found themselves because of Idi Amin's regime caused a lack of trust.

Naima who believes that the family should stay together no matter what, lacks trust in any of the extended family who suggest that she and her siblings should make their own way in life,

… We'd get advice from other people full of extended family you shouldn't be doing this make your own mark in life and so on and so forth rather than you know to break my father's legs we call it you know... The main aim of that was to take support away from my father so that he couldn't get back on his feet (253-9).

Her Naima suggests that the change in financial circumstances as a result of the forced expulsion of Ugandan Asians by Idi Amin, has exposed the envy of her extended family. She says that their advice is driven by the desire to "break my father's legs". The implication is that the extended family can now elevate their status in relation to her father by keeping him down. This is highlighted when she says, "the main aim…was to take support away from my father so that he couldn't get back on his feet".

For Rohiny, immigrating to the UK as a result of her family's forced expulsion from Uganda by Idi Amin has been a traumatic experience she says,

If… We hadn't lived in this area… When we moved here…My dad used to say we're lamb among wolves (808-9).

This biblical reference points to the fact that Rohiny's family were some of the first immigrants in the area at that time. They arrived completely unprepared, armed with nothing but their faith and each other to protect them from the assaults of others.

David is clear about how the Idi Amin regime is responsible for his lack of trust in others,

Because Amin's regime created um, a state of institution in our family because our neighbours became our spies… And you know to the regime still had roots. That… You couldn't apply for a job because your relatives or your neighbours were associated with Idi Amin. That would be a eternal point direct (sic). But also our neighbours again were not so on good terms because they were spying on everybody they were being rewarded and praised for spying and causing mayhem in our villages (290-4).

Again David implies how impossible it was to escape his family circumstances when he says that his association to his family members who had connections with the regime was an "eternal point direct." It is unclear what exactly David means by this phrase but it evokes the image of being marked for eternity as the son of one of Idi Amin's police chiefs. Although David seems to be talking about the practicalities of finding a job there appears to be a deeper meaning. Later David says that he still mistrusts these people,

Even now when I meet the, those families I don't feel comfortable even the age many years have passed you know but you, you think that oh because they say that they're like son like dad. The son and the father. Whatever a man did it may be a repetition (492-4).

When David says, "they're like son like dad" he is referring to the saying "like father like son". When seen in conjunction with his previous comment about "a eternal point direct" and "Keep passing poor souls", it is reminiscent of the passage in the Bible which says that the sins of the father will be visited upon the children. David seems to tacitly acknowledge the atrocities his father may have committed as a part of the regime fearing for his own soul as a result.

Evelyn's parents' lack of trust in others begins during Idi Amin's regime when her father stands up and publically confronts Idi Amin about the money owed to doctors,

… What he was trying to get across to me was and he said it, be careful about when people say they're going to be behind you and you want to fight for something. His focus wasn't on the fact that it was Amin, his focus was more on about how people let you down (240-3).

Agatha makes a strong connection with her experiences growing up and her lack of trust in others in adult life,

… I think that trusting people, because I'm always afraid they're going to leave so I think that developed then, um no one's kind of been with me for a long period of time so yeah I think that's, that's it (79-81).

Agatha has gained some perspective on this aspect of her life. However, I asked her how she felt to be separated from family members and she talks about what she thinks – repeating 'I think' three times in this segment; suggesting that she does not trust me enough to feel safe to access the accompanying emotions.

3.3 Sense making as a process

In this theme I explore how participants make sense of their experiences. What emerged from the participants' interviews was that although they did not always understand what was happening to them in the moment, the process of understanding came over the passage of time, with experience and on reflection. For some participants this lead to acceptance for others difficult experiences became more deeply entrenched. The ability of participants to process their experiences is important in understanding how those experiences continue to affect them in later life.

3.3.1 Changing perspective with time/distance

Throughout her interview, Naima reflects on how maturity has given her a different view of her experiences while growing up,

So you know yes when you're going through it you, you are in pain but age gives it perspective, time bri – you don't forget but you put it into perspective (582-583).

Naima acknowledges the suffering her experiences caused her while she was living them, but that with time the suffering has diminished, "yes when you're going through it you, you are in pain but age gives it perspective". However, she also makes the point that a new perspective does not completely erase the suffering she experienced when she says, "you don't forget".

Looking back on arriving in the UK, Rohiny recognises that her perception as a child was very different from her adult perspective. She compares her experience to that of her parents. Her sense of uncertainty as a child in her reflection is not experienced as fear, rather with excitement which is encapsulated in her use of the word "adventure"

…for us it was like one adventure over, start another one you know (376-7).

Rohiny goes on to compare her child's perspective with her adult reflection on her parents' experience,

… We thought it's just another stage you know and but they… Didn't, they were in a strange country, different language, strange food, strange culture, everything strange to trying to adjust so it was it was…difficult for dad and difficult for mum (348-50).

Here Rohiny acknowledges how accepting she was of change as a child that to for her and her siblings it was "just another stage"; not having fully developed moving to the UK is viewed by Rohiny as a child as another life stage. With the benefit of hindsight Rohiny can

see what an upheaval this must have been for her parents. Her repetition of the word "strange" emphasises their experience of being 'other'.

For David distance from his early experiences is manifested as geographical distance. David's understanding changes when he moves to the city and gains knowledge that challenges his previously held beliefs,

When you see how people work in the city, how they exposed how they express themselves, how they internalise issues and you, you give… Get a flashback of the village how the life is there you think that you are just covered on top, you are just in a like a bug, crawls in a bug (261-3).

David says that being exposed to a different way of life opens his eyes to how he was previously living. When David uses the word "flashback" there is a sense of a sudden realisation. The word "flashback" evokes one of the symptoms of PTSD experienced by those in combat, giving the impression that his previous existence on the farm was extremely difficult to the point of being traumatic. By comparing himself to "a bug", there is the suggestion that his life farming was about survival and existence, signified by the way he positions himself as "a bug" low down in the food chain. Whereas he regards people in the city as being in an elevated position in which their basic needs are met and they, therefore, have time to reflect and contemplate life "they express themselves, how they internalise issues".

As an adult Evelyn is able to see that her perception of her parents as a child has changed over time. She says,

… It is one of those things you look back and you realise that it was fine but a child's reflection is going to be different from an adult's reflection (28-29).

Evelyn's perspective on her life as a child has softened over time "you realise that it was fine", which implies that as a child she did not feel it was fine. Evelyn says that having the opportunity to reflect on her experiences has enabled her to see them in a different light.

For Agatha the greater sense of awareness that she has developed with age means that she is less able to accept her family's denial of their difficulties,

… Now as I get older I'm uncomfortable with it, especially because you know, if I have issues I don't feel like it's appropriate to say this and this needs to be done, I'm not feeling this way so I'm a bit uncomfortable with it (140-2).

Agatha's use of the phrase "I'm uncomfortable" suggests that in her awakened state she does not accept the status quo in the family which makes her feel that she longer fits into her

family as she once did, hence her sense of discomfort. Although she is no longer able to accept her family's way of dealing with things, she is not yet in a position to vocalise her objections "I don't feel like it's appropriate to say", which perhaps enhances her discomfort.

3.3.2 The grieving process

I use the term grieving process not just to refer to what happens after the death of a loved one, but also in terms of other losses. All the participants experience losses. In coming to terms with these losses participants go through the grieving process as characterised by bargaining, denial, anger, sadness and acceptance (Kubler-Ross, 1969). The participants' ability to negotiate the grieving process reflects the functioning of the family system.

In coming to terms with her father's death in particular, Naima expresses how she experienced the main stages of the grief. When talking about the post mortem results after her father's death Naima demonstrates the first three stages,

I was angry because my father, even with the post-mortem and whatever, my father was well he was OK, he was full of life and if I could have given him my life I wanted to do so. He, he shouldn't have died that's what I was so angry about that OK? (703-5).

She says that "even with the post-mortem" she is unable to accept how ill her father was before his death. She is in denial when she says "he was OK; he was full of life". When Naima says, "...if I could have given him my life" she demonstrates the bargaining stage of the grieving process. She then says that she was "so angry". Not only did Naima lose her father, but also her perception of his strength. Her repetition of 'he' suggests that her anger is directed at her father for leaving her. This is reinforced when she says 'he shouldn't have died' which suggests her expectation of his duty towards his family. By ending with "OK" it feels as though she is trying to set her story straight, to avoid looking at the anger she feels towards her father for leaving her.

Talking about her brother's death, Rohiny still struggles to come to terms with it,

… My brother died it was um it was 20 odd years but for me I can remember the conversation just like that you know it's like everything fresh for us you know it's like everybody says time heals but it doesn't not y- it doesn't heal it makes it a bit better but you don't forget you know (572-574).

Although Rohiny's brother died 20 years ago she and the rest of the family are still grieving for him, "it's like everything fresh for us". Rohiny reiterates the fact that grief is not an event that happens once, but unfolds over time when she says "time heals". Rohiny suggests that

for her this process is incomplete, or that it is not finite when she says, "it doesn't heal it makes it a bit better".

For Ethel there has been a lack of open communication about her sister's death, "we didn't really I didn't talk about it". She was also unable to share her feelings with her mother about her sister's death because her mother was in the UK with her sister while Ethel was still in Uganda. The only access Ethel has to her sister's funeral, therefore are the "pictures" and "videos" that her mother brought back with her, which enhances the sense of distance because she is unable to experience the funeral first hand but can only be an observer

We didn't really, I didn't talk about it actually when my mum came, cos my mum came for the funeral and then when she came back she, she brought some pictures and she brought a video of the funeral but I've never watched the video I've just never got around to you know to sit around and watch the you know the, the video of the funeral (388-91).

The hesitancy of this passage shows how painful it is for Ethel to think and talk about. When she says that she "just never got around to" watching the video of the funeral it suggests that she is too busy to make time for it, and perhaps to make space for the emotions necessary to the grieving process.

Like Ethel with her sister's death, there is also a lack of communication for Agatha about her mother's death.

…It's not really discussed! And I think it's been a number of years now, you know when I do try to, what happened? People don't really want to go there, or if they do… [Trails off] …You know it's a little sensitive but again it's not really discussed (188-93).

The way Agatha trails off when she says "or if they do…" not only reflects the things that have been left unsaid in her family, but perhaps also Agatha's incomplete grieving process in the absence of concrete information. It could also be that not only is Agatha talking about her family's reluctance to talk about the events surrounding her mother's death, but that for Agatha too the subject is "little sensitive" and she is unwilling to share these details with me as a stranger.

3.3.3 Acceptance

Acceptance is essential in helping participants to come to term with their painful experiences. Participants gain acceptance in different ways.

On realising that her father was planning to sell alcohol in his restaurant which is against their religion, Naima says that her belief in God helped her to understand why her father had to die when he did,

It made me feel I understand and God loves my father and He took my father because before he did something that was irrevocable for him ever going to his next stage. It made utter sense to me, utter sense (720-2).

Her faith helps her to understand that which is beyond her control and comprehension. "It made me feel I understand and God loves my father" By evoking God's relationship with her father she also restores her relationship with her father; that his death was part of God's plan absolves her father of his duty to his family and therefore removes Naima's anger at him for leaving. There is also a suggestion that her father's strength, the belief in which Naima lost on his death is also restored. "He took my father…before he did something that was irrevocable for him…ever going to his next stage", the implication being that her father was so determined that only God could stop him. Once Naima has managed to make sense of her father's death in this way she is then able to reach acceptance, "…things have to make sense to me for me to accept it."

Similarly, Ethel is able to take comfort in her faith to help her to accept her difficult experiences while growing up. When talking about the time she lived with an abusive aunt Ethel says,

It was… A hard situation living with her but um like I said it has been quite a while now and I try to just not think about it and, and being a Christian as well it helps (172-4).

Ethel says that she is able to accept her past experiences "it's something that I accepted". Through acceptance Ethel acknowledges that she cannot change her past experiences, "I cannot reverse…what happened" but she shows an awareness that she has agency over her life now when she says, "but I can make the rest of my life". By being focussed on her current circumstances Ethel is able to create meaning in her life.

It's not like I'm masking it… I just say you know I cannot reverse you know what happened but I can make the rest of my life from now onwards a bit better (194-6).

This passage brings to mind the opening lines of The Serenity Prayer "God grant me the serenity, to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference."

When talking about the death of her baby uncle in a car accident after she handed him back to his mother and his funeral Rohiny says that she did not want to see him. Rohiny says that talking openly about her uncle's death helped her to accept it and to feel less guilty,

… we would talk about everything openly you know that's why my auntie knew that I didn't want to I was blaming myself she said look no you come she took me herself and she said look there, I'm not blaming you or whatever, this is his time to go you know and I'm glad she did that…my dad took us to the grave yard to see where he was buried and everything so it was like closure you know… (686-90).

Rohiny's aunt models acceptance for her by saying "I'm not blaming you". Although Rohiny blames herself. Her aunt, by showing Rohiny forgiveness gives permission for Rohiny to forgive herself. Rohiny's aunt also invokes 'God's plan' when she says that it was her baby's "time to go" which helps Rohiny to accept what is seemingly incomprehensible. Here Rohiny repeats the phrase "you know" which is suggests that she is putting knowledge outside of herself, as in her belief in God.

Similarly, for Agatha the integration of positive and negative experiences helps her to reach acceptance of her early experiences. Talking about how her experiences have affected her in later adult life she says,

I'm looking at this negatively, positively I'm a lot stronger, there's things that might happen to people you know and they're not willing to cope or they're not willing to push, and I think I'd be able to because of what I've gone through, what my family has experienced. You know despite the way they choose to deal with it yeah I think in the long run they're a very strong family (217-220).

Agatha's use of the word "willing" illustrates her belief that coping and perseverance are personal choices. In this way Agatha removes herself from the role of 'victim', instead seeing herself as an agent for change in her life.

3.4 Dynamic nature of memories and remembering

As the participants' perspective changes over time, so too do their memories. Memories are not static and unchangeable rather they develop over time as new knowledge is acquired.

3.4.1 Memories as stories

Participants frequently refer to their memories, not just as facts that they have remembered but as 'stories' that have been told to them by others.

Rohiny says that they heard stories from their elders about what happened to those who had to travel over ground because they could not afford plane tickets. She says,

… The stories that we did hear from - because not everybody went by plane, some people couldn't afford the planes and some people didn't have the British passports so they had to go to India and Pakistan and they had to travel by road or by train (256-8)

Rohiny goes on to say,

… We didn't see that side of it but they did they did go on and I mean they did say…when we used to go over the [says name of waterfall] dam in [says name of town] they did say that there the crocodiles were the best fed in the Nile cos the… some of the Africans did say that that the colour of the water was red you know so you hear… (269-72).

Rohiny's assertion that the elders "did go on" suggests that it was too much for her to hear these "stories". Rohiny's omission of details when she says "the crocodiles were the best fed in the Nile cos the…" emphasises this idea that it is too much for her to think about as she leaves some of the horror unsaid and only alludes to the fact that people were thrown to the crocodiles when she says, "the water was red".

David also remembers his father telling him a "story" about how he was almost thrown to the crocodiles.

… How he escaped in the south when they were going to throw him to crocodiles in the Kasese (22-3).

David goes on to say that he found it hard to accept as reality. The story becomes miraculous when David says, "by God's grace I'm here".

… Because he was not dead… I took it as story… You know that when you're hearing a story and they really - we had fiction stories at home you know and you say this is real this is what happened but by God's grace I'm here. So it was like this story that it may never happen again but in your heart you think wow! What a story (38-43).

David talks about the how the things that his father told him as a child affected him. He says,

I felt traumatised and if I don't know if, if I may hear more, more stories I still by now if I faced this situation then it goes back to what my dad told me (47-48).

When David says "I still by now" Even in adult life David is fearful about the stories that his father told him as a child and whether he might meet with similar difficulties.

Ethel talks about watching a documentary about Idi Amin with her mother. She says,

… Last week we were watching the documentary about Idi Amin and you know when they show the footages live on YouTube and you know certain stories she's like, oh yeah I remember that I was at that this place feeling this way (261-4).

In this way Ethel's mother uses film to share her recollections with Ethel. Ethel refers to the historical events they depict as "stories". Ethel says that mother contributes her own lived experience to the documentary by saying, "I remember that I was at that this place feeling this way". This allows Ethel to put her mother's own experiences in context, while at the same time giving them distance by observing her experiences as "stories" on film.

Evelyn highlights the dynamic nature of memories as a collection of stories when she says,

I don't remember anyone ever refusing to answer the questions but certainly information wasn't just given freely but if someone… Made a comment like that then you'd ask a bit more or you'd just take it or you'd just build up stories in your head (158-61).

Evelyn demonstrates in this passage how the memories she has developed are as a result of accepting what she was told "you'd just take it" or have been co-constructed, "or you'd just build up stories in your head". In this way Evelyn demonstrates that her memories are not merely representations of fact, but an amalgam of the thoughts, feelings and beliefs of the other combined with her own thoughts.

The difficulty of extrapolating her recollections of what she directly experienced and those events that she was told about and later stored as memories is elucidated by Evelyn when she says,

… There's one thing being told certain facts, I'm trying to be very careful that I'm not going by the things I was told and just by my memories (56-57).

When Agatha talks about the things she was told about the Idi Amin regime she says,

… It's always addressed as 'The Amin Days' in quotation marks and… there's stories (85).

Later when comparing it to what she finds out on her own she says,

I never did personally ask what it was like you know I think till that movie came out… "The Last King of Scotland" did I actually - that for other people it was really traumatic, it was really traumatic I should say, but for them not that I know of, no and I never felt inclined to ask (109-112.)

By talking about the 'Amin Days' in quotation marks as Agatha says, it is like the title of a film or story. That period in history becomes both terrifying and they seem to gain some distance from them as if they have been mythologised. Agatha's repetition of the phrase "it was really traumatic, it was really traumatic" perhaps belies the fact that on some level she knows her family's experience was also "really traumatic" but she then reverts to her position of not knowing, "but for them not that I know of".

3.4.2 Memories from parents' indirect communication

When asked during interviews how participants know certain details that they remember, many express the fact that they do not know exactly how they know the things that they recall as memories. Rather, participants frequently intuit things from their parents that are not directly communicated by them. Memories are, therefore, built on a set of shared assumptions between the participants and their parents. Naima talks about how she was attuned to her parents

Do you know, we were, you know, we were, I think we were that generation that accepted didn't need to question because you drew it in and you knew (472-473).

Naima's hesitant repetition at the beginning of this passage, "Do you know, we were, you know, we were" shows some confusion about the source of knowledge, whether it is outside or within herself. This uncertainty is emphasised when she says "I think we were". Perhaps this hesitancy is a sign that it is unsafe for Naima to question what she was told, that they just "accepted" what they told. To challenge these assumptions would be to challenge the beliefs on which all her 'knowing' is founded. Furthermore, when Naima says "you drew it in" it gives the sense of imbuing information from her parents.

When talking about how her parents tried to protect her from what was happening, Rohiny says,

It's later on later on you find out that they, they that nothing was in their control but they never let you see you know being a parent you, you wouldn't see but you could see that you can sense that there's something going on (289-91).

Rohiny's hesitant repetition throughout this passage indicates her uncertainty at the time and her difficulty in accessing her thoughts about this period. "It's later on later on…" Rohiny

switches between past and present tense suggesting that it she is still processing these experiences. When Rohiny says, "they never let you see you know being a parent you, you wouldn't see but you could see…" she reveals that as a child she did not want to become fully conscious of what was happening to them. She indicates that her parents protected them from seeing, but also suggests that this was an unconscious coping mechanism she employed as a child to protect herself from her fear of uncertainty which was not entirely effective as evidenced when she says "but you could see that you can sense that there's something going on". Rohiny's difficulty in accessing these thoughts and feelings is further highlighted by her use of the second person throughout as if she can continue to detach herself from these experiences by viewing them as things that happened to someone else.

When talking about the six years that her family spent in Southern Africa before moving to the UK Evelyn reveals her uncertainty about the reasons for their going,

I've made an assumption that it was work orientated because I understand that some of my parents' friends were also, also moved, um but no one ever said why, why we moved (65-7).

This passage shows how Evelyn has not previously challenged this assumption, but when she says, "…some of my parents' friends were also, also moved" she shows some recognition of the fact that they did not move out of choice, but were forced to by the circumstances of the time. In this way it seems as though she is able to update this assumption and her knowledge 'online'. Viewed from an adult perspective, other alternative explanations present themselves. Evelyn's hesitant repetition of 'also' and 'why' suggests that some new cognitive processing is happening as we are speaking.

Evelyn also talks about her father's experience of publically standing up to Idi Amin.

I suppose in talking to me the assumption being made - you understand why that was so dangerous, you understand who Idi Amin is we didn't need to go into that… (231-233).

For Agatha, she knows so little about her family of origin that she can only piece together the information with assumptions,

I guess they were having problems in their marriage um they were married '82, I was born '90, so already you know I came at a later stage and I guess from there things continued the way they'd, they'd been before… From what I know I think it was just problems in their marriage. I'm not exactly sure what but yeah… [Trails off] (67-70).

Agatha's repetition of "I guess" highlights the fact that she cannot know anything for sure about her parents' history. She reiterates this by saying "from what I know I think" and "I'm not sure"

3.4.3 Embodiment of trauma

Memories also seem to be contained within the body in many ways in the participant's interviews. In the following analysis at times I move away from the participant's direct experience, bringing in their accounts of what they observed in other family members. I believe this is important because the participants do not grow up in isolation and the family system is the environment in which they are embedded. Furthermore, participant's parents' reaction to events gives vital information about how participants experienced their parents while growing up. Although in one instance I also give an account of the participant's brother, this also gives important information about what is communicated directly and indirectly within the family system that has an influence on the participant's upbringing.

For Evelyn even though she is unable to remember the exact details of the stories she was told about soldiers, her body reacts with a fear response when faced with soldiers in Uganda,

I think from what I can remember I think he said you know can you show us your passport or something like that but I knew what he said, I knew what I was supposed to do but I was kind of frozen a bit um and it was partly because of these stories that I didn't remember but just that they were stories in my head that my mother had had had said to me about (harsh whisper) soldiers… (147-51).

Evelyn describes a physical fear response when she says, "I was kind of frozen". Her difficulty in recalling the exact events when she repeats "I think" and then later says "I know" twice suggests that she has had difficulty storing these memories cognitively. Evelyn attributes her fear to the "stories" that she was told by her mother rather than any direct experience of her own. She further emphasises the inability to properly process these "stories" when she says, "that I didn't remember but just that they were stories in my head".

Illness can also be seen from participants' interviews as the effect that stored memories have on the body. Naima talks about discovering that her father had a weak heart following the post-mortem after his death. Throughout Naima's interview she talks about her father's strength which seems to contradict her image of him as a strong man. Naima also talks about the collective losses that her father has experienced her father's life including the loss of his first wife and child in childbirth, his son from a fatal overdose in a psychiatric hospital, his forced expulsion from Uganda and its consequences. The impression that Naima gives of her father is of a man who took on the stresses not only of his family, but his community, and whose body paid the ultimate price.

Naima says that the family were only made aware of his heart problems after his death,

I mean in his post mortem it came across that he shouldn't have been alive for the last 10 years his heart was so inflamed (692-4).

The fact that Naima's father was able to hide the signs of his heart condition for "the last 10 years" of his life, to the extent that his family were only made aware of it after his death, gives some insight into Naima's father's stoic nature. Naima's use of the word "shouldn't" is not only a sign that her father defied medical expectations but also hints at the importance of duty within her family which her father instilled in them.

Ten years previously Naima's younger brother also died of a heart attack due to an alleged overdose,

… He was overdosed by the drug because SCN in charge of the ward my brother woke up she insisted that he be sedated he wouldn't take the tablets he said no, they pinned him down injected so much diazepam into him that his heart arrested then they gave him adrenaline and he died (623-5).

It could be argued that Naima's brother inherited the genetic predisposition for a weak heart from his father. For me however, Naima's brother's cardiac arrest, like his father's is indicative of the extreme stress that his body was already under. This contention is supported by the fact that Naima's brother was administered the diazepam while in a psychiatric hospital following his second nervous breakdown which indicates that he was suffering from extreme psychological stress. Furthermore, Naima says that he,

… Died with my mother's permission, that boy never broke my mum's heart that bit OK? (548).

When Naima says her brother needed her "mother's permission" before he could die, it suggests that his duty to his mother came before his own needs. To do as he 'wished' would "break his mum's heart". It is significant that Naima refers to her mother's heart when in reality it was her brother's that "broke" when he arrested. For me, this is a further indicator of the burden responsibility in Naima's family, and its effect on the body which has been transmitted from father to son through illness.

Ethel's father suffers several health problems which are all connected to his brain; a brain haemorrhage resulting in a coma, a stroke and alcohol induced dementia. Talking about the accident that caused her father's traumatic brain injury Ethel says,

… It was terrible; he was like in a coma for a few days. You know back those days – and the hospitals back they're not as here so my mum literally had to you know physically like just he

had a brain haemorrhage like blood in his brain so she had to like pull it out through his nose… (92-5).

Ethel observes that due to inadequate healthcare her mother was the one responsible for removing the clot "my mum literally had to…pull it out through his nose". For me it is significant that Ethel's father's coma came after his father's assassination by Idi Amin. Her father's coma could, therefore, be viewed as the brain's reaction to the trauma that her father suffered by attempting to block out the memory of it. It is also interesting to note that Ethel's grandfather was killed by gunshots to the head. When I consider Ethel's father's health difficulties, there appears to be a connection between the location of her grandfather's fatal wounds and her father's 'wounds' from illness. The connection is not genetically inherited but can be described as transmitted from father to son.

Similarly, Evelyn's father also experiences severe illness which results in a coma.

… My dad was, was very sick and was in hospital and we were all there in hospital and um he actually just had a… diabetic coma so he might not have woken up (333-334).

As with Ethel's father, Evelyn's father experienced traumatic events in connection to the Idi Amin regime, first by risking his life by confronting Amin in a public forum and then having to escape Uganda with his wife and five children. In my opinion Evelyn's father's coma can be seen as a physical manifestation of the cumulative stress that he experienced and was unable to express at the time. I believe that Evelyn's father's body expresses feelings that he cannot fully connect to. Evelyn also minimises the situation by saying that he was "just" in a coma, which suggests that she has inherited her father's tendency to repress emotions.

When David talks about his father's death earlier that year it causes him to reflect on his own mortality,

My… Dad died this year, he passed on… He has lived his life. Some of us may not find it in the near future… mm hmm (60-62).

When David says "he has lived his life" he is highlighting the fact that his father died in old age. This is in contrast to when he says that others "may not find it in the near future". When David says "us" he includes himself. In the second part of this passage David seems to be saying that he may not live into old age as his father did. I interpret this as the stress of David's early experiences being stored as bodily memories which are now manifested in a life threatening illness.

Unlike other participants Rohiny's embodiment manifests itself not through illness but through her recollections about food and its functions beyond providing physical sustenance.

Throughout her interview Rohiny talks about the importance of food for her. Food maintains a connection for Rohiny to Uganda and is frequently described as a source of comfort. Talking about leaving Uganda food becomes a central feature. She says that as their house was the last one before leaving the village her father invited people to come and eat with them before leaving,

... Stop at my house, have ice cream cos you don't know when you're going to taste it again and then you go. You know something sweet so you start your family sweet you know and because we had so… Many sheeps (sic) and goats and cows and whatever so he used to say, we'll have a barbecue…we would all go gather there on an evening and everybody together you know there'd be… green bananas … peanuts and meat (197-209).

This passage represents Rohiny's last positive memory of Uganda before they left. The connection between food and home is demonstrated when she talks about people stopping "at my house" for "ice cream". In this passage Rohiny places her sense of home within the context of her community when she says, "we would all…gather" and "everybody together". The sharing of food for Rohiny appears to be integral to her memories of community and home.

3.5 The individuation process

When talking about the individuation process I refer to the process by which individuals go through the developmental stages from childhood to adulthood, signified by increasing independence from their parents and family and self-sufficiency. Participants describe the drive to achieve autonomy and its bearing on their later relationships.

3.5.1 Independence

The sub-theme of independence emerged in the interviews in several ways. For most participants, the independence gained in adulthood is regarded in a positive light.

When reflecting on the effect that her early experiences have had on her in later life, Ethel says that they have made her stronger,

I have more control of my life now than then it's like I pretty much can make my own destiny I choose where I want to be but back then as a kid you… Don't know you're just living… You never know what your parents might suggest (452-455).

Ethel compares what life was like as a child when she was dependent on her parents and how it is now as an independent adult. Ethel recognises the agency she has in her life when she says, "I have more control of my life now". The implication is that not only did her

parents have control over her life when Ethel was younger but also that her life under their control was chaotic. Ethel further highlights the uncertainty she experienced as a child when she says "as a kid you, you don't know" In contrast to the "life" she now has, Ethel describes herself as a child as "just living", which suggests that Ethel experienced her childhood in survival mode.

Talking about the impact that her early experiences have had on her, Evelyn says, "…they've made me very independent." Evelyn recalls her parents' attitude when she first left home for University. She says,

… That first week at university and I called and I might have called every day…and um I think it might have been about the third phone call one of them said what's wrong? You keep calling are you okay? They never actually said don't call but I didn't call then, I just didn't (315-21).

Evelyn suggests in this passage that her independence at that time was as a result of her parents' reaction to her desire to call them frequently. "I…called every day". The suggestion that Evelyn's calls were out of the ordinary and perhaps perceived negatively, "what's wrong?" is enough to prevent her from calling again, "I didn't call then". Evelyn's firmness on this point is further emphasised when she says "I just didn't".

Similarly, Agatha says that her family circumstances as she was growing up meant that she became very self-reliant,

… Because my aunt was a single mum I didn't really have a male figure, my dad was present but he wasn't present, so having to learn how to live, or deal with a male in my life, I've had to learn on my own (226-229).

Agatha points to the fact that her "aunt was a single mum" as one of the reasons she did not have a model for a heterosexual relationship while growing up. It could also be that conversely her aunt modelled for Agatha what it was like to be a woman living independently of a man. Agatha says that without guidance from her elders she "had to learn on my own".

In contrast to Ethel, Evelyn and Agatha Rohiny appears ambivalent towards her independence. For Rohiny the independence gained with age is an obstacle to marriage. Talking about her theory on marriage Rohiny says,

… For a girl you must marry before 25 because… As you get older you are so independent; you don't want to share your life with anybody (732-733).

Already in her fifties, Rohiny is effectively saying that it is too late for her to get married because according to her a girl "must marry before 25". She further suggests that she is too

old for marriage because being in her fifties means that she now she is "so independent" that she does not "want to share [her]… life with anybody". In this way she both takes responsibility for her choice to remain single because she does not want to share her life with anybody, but also abdicates responsibility by assuming a rule when she uses the word "must".

In comparison to Rohiny, David views his independence in adulthood as negative. David experiences making his own way in life as isolating. David talks about the impact that his choice to marry outside his culture and live in Britain has had on his life. He says,

… We normally attach ourselves to culture so that… Just in case there is any problem the culture supports you and helps you to get out of so such a situation. But now they told me that whatever you are doing, whatever you face, you face it singularly (510-13).

By using the word "attach" to talk about his connection to his "culture", David calls to mind the attachment bond between caregiver and child. This is further emphasised when he says that the culture "supports you". David suggests that in this respect he still feels like a child who is not ready to break that attachment bond. He later says that it is "too much to bear".

Similarly, Naima views independence from the family as negative, that it threatens the "fabric of society". When talking about her own opportunity to leave the "tensions in the home", Naima says,

OK you find yourself that you can go when and, and go to uni and you get the grant you can survive you can be out of it, you make your own path and so on there were all sorts of help for the individual to make their life and there still is. It's not conducive to good family life because there has to be some sort of a hold that parents can have over the children before… You come to your senses as a child (219-23).

Naima implies that leaving the family home to go to university is a form of escapism when she says, "you can be out of it". She regards being supported financially by her parents when she was younger as a form of control "a hold that parents can have over the children". She further dismisses her desire to go to university when she was younger as childish and foolish when she says, "before… You come to your senses as a child".

3.5.2 Sense of self

The way participants talk about their sense of self gives some insight into the extent to which they have individuated from their family of origin. Some participants have a greater sense of

themselves as separate from their family than others. Some participants' sense of self is predominantly positive, while others have a negative sense of self. At times the sense that participants have of themselves is coloured by and colours their view of their positive and negative experiences.

Naima describes herself when growing up as positioned by her father's side, "…it was a good thing to be my father's daughter" (18-19). When setting the scene of her family circumstances Naima says that she was always with her father when he discussed business,

… I can remember a lot of my childhood or the memories that I have of always being quite a lot with my father so there wasn't this real business attitude of keeping the family away from business because I can remember being with my father and his business friends and sitting on their knees and I had a habit as a child to suck my finger and hold a (sic) ear so it would be the business or my father's ear I would hold and happily sucking my finger whilst they're talking business (9-14).

Naima's frequent use of the word "business" throughout this passage conveys not only the literal meaning of her father's work in commerce, but also connects to value and worth. Naima suggests that her positioning within the family on her father's lap, is a privileged one and one from which she derives her sense of worth. Literally and figuratively having her father's ear and sitting in the same seat as his business friends by "sitting on their knees" sets Naima up as the natural successor to run the family business and to take on responsibility for the family after her father's death.

Similarly, Rohiny draws comparisons between herself and her father. When talking about her temper Rohiny says,

… Everybody always tells me you're your dad's daughter in the sense of the temper but I have calmed down quite a bit you have to (laughs) (542-4).

However, unlike Naima's positive comparison to her father, Rohiny sees her similarity to her father as negative. Rohiny says that she has "calmed down" which she suggests is not out of choice but because "you have to".

Ethel regards her sense of self positively. Talking about the effect that her childhood experiences have had on her personality, Ethel says,

… It's made me who I am now you know just um I look at things in probably a different way than most people now do, yeah I mean I don't regret any - anything I believe it's like part of my journey to where I am now…I believe I'm stronger. I have you know my faith cos like I'm

stronger as well in in you know in God like I said I'm a Christian so I've... It hasn't affected me; I think it's made me a better person I can I can pretty much survive anywhere (421-6).

Ethel says that her experiences shaped her as a person as well as strengthening her faith. Ethel implies that her life is part of an overall plan when she says that "it's...part of my journey". By talking about her journey and also referring to her faith in God Ethel brings to mind a line from The Serenity Prayer which says, "Accepting hardships as the pathway to peace". In this way Ethel implies that the suffering she experienced while growing up have been part of God's plan to help her to develop inner peace, thereby ensuring that she can "survive anywhere".

In contrast David feels that his childhood experiences have left him ill-equipped as an adult with an underdeveloped sense of self. When talking about how his childhood experiences have affected him in later adult life David says,

Up to now I still experience new things which I think if my family was a bit advanced, I would be OK with them (469-70).

David believes that had his family been more "advanced" he would be able to cope better with "new things" in his life. He says "I would be OK with them". Although David does not explain what he means by "advanced" he may be referring to the poverty in which he grew up that kept his family in a low socio-economic status, one of the consequences of which was their lack of education.

Evelyn regards her sense of self in a positive light, part of which has been moving outside Ugandan cultural norms concerning the role of women. Evelyn says that traditionally Ugandan women do not speak up for themselves. Evelyn illustrates how non-conformist she is regarding her Ugandan heritage,

... In talking to other Ugandans and seeing how they are and especially women... I don't see myself running to type (432-3).

Similarly, Agatha describes an emerging sense of self that does not conform to traditional Ugandan cultural norms for women.

Now, a lot has changed now, I think the change is with me cos I've matured as well you know so, now I think I'm a bit more comfortable in my own skin and I'm like I don't do that, I'm not going to do that. This is what I want to do I'm not going to push it. But before I was like, I'm doing what you're saying and it's not good enough (306-10).

Agatha acknowledges that with time she has come to know herself better, and with this self-knowledge has come greater acceptance, "I'm a bit more comfortable in my own skin", which

is in contrast to her earlier self when she tried to behave as others wanted but it was "not good enough". The passage of time in this process is signified by her use of temporal words like her repetition of the word "now" and her use of the word "matured". She suggests that the self-acceptance she has reached with time means that she is less easily swayed by the opinions of others and she is able to connect to her own desires, "This is what I want to do". Like Evelyn, Agatha implies that she used to be prone to people-pleasing and not speaking up for herself. Similarly, like Evelyn, Agatha's developing sense of self means that she has been able to overcome this tendency, "I don't do that, I'm not going to do that". Her repeated use of the first person "I" is significant in this passage and demonstrates Agatha's developed sense of a centred self as well as an individualistic view of the self.

3.5.3 Later adult relationships

Talking about her marriage to her now ex-husband, Naima says that she felt divided between her family of origin and her husband. When Naima and her husband return to her family home for Eid as their religious tradition dictates he tells Naima that she can never come back to her family home again. Her brother intervenes,

… What did I hear you say to my sister? And my husband turned 'round and said to… Ask your sister. So he's put the onus on me and what do I say? Something against my husband or my family? So I said, [says brother's name] … Nothing happened. So he said, I know what I heard he said, yes she may be my wife but she's also my sister and she's their daughter and we all have rights on her (772-5).

This passage demonstrates how Naima's belief in duty to family comes under attack when her loyalty is divided between her family of origin and her created family. "…what do I say? Something against my husband or my family?" The only way that Naima is able to keep her commitment to both is to lose her voice, "So I said…nothing happened". Naima's verbal slip when she recalls that her brother referred to her as his wife "he said, yes she may be my wife" reveals the extent to which Naima has a greater commitment to her family than her husband, in a sense she is wedded to both. Naima's brother's contention that "we all have rights on her" implies a sense of ownership to the notion of her belonging.

Similarly, Rohiny has struggled to leave her family of origin to establish a romantic relationship in adulthood. When asked about the effect of her early experiences on her intimate relationships in adult life, Rohiny says,

… I've not found anybody that makes my heart go and there's another girl at the mosque and she says, Aunty why didn't you ever marry? And I says, I never found anybody that

made my heart go skip a beat or anything. You know like... You see some actors or whatever in real life you don't, I haven't met anybody that I would like to marry (706-9).

The way Rohiny expresses herself in this passage is like a teenage girl rather than a woman in her fifties. This is highlighted when she talks about not having met someone who makes her "heart go skip a beat" and when says "and there's another girl at the mosque" this implies that she is also a girl. When she talks about actors in films this also highlights the girlish nature of her fantasies. This passage suggests that Rohiny's sexual development has arrested in her teenage years. This is reiterated when Rohiny talks about how she missed her window of opportunity to fall in love and get married,

... When I was 16 if I did find, if I had met somebody, cos when you're at that age 16 to 20 you're in love with the idea of being married... (765-7).

Similarly, Ethel has struggled to maintain a long term intimate relationship in adult life. Reflecting on the effect of her early experiences on her intimate relationships Ethel says that she has only experienced two long term relationships.

The first one is probably like... Four years or so, yeah. And then the next one was about like about three and a half years so yeah and then after that it was just, they were like long distance...the next one was a, the guy I was seeing was like in Vegas I would just go and visit him but it got quite you know stretchy... And he had his own issues as well with his growing up (437-441).

Ethel implies that proximity is a challenge in her intimate relationships when she says, with the exception of two long term relationships that the majority have been "long distance". Ethel also adds that one of these relationships was with a man who "had his own issues as well with his growing up" which suggests that he was emotionally unavailable for Ethel. The fact that Ethel says that she "would just go and visit him" implies that she was the one who made herself physically available to him. As the word "stretchy" connotes, Ethel was the one who was flexible or pliable in the relationship.

David expresses a continued difficulty trusting people in adult life,

... You don't trust anyone from work or, but back...yes I trust the few who are close to me because... Society have come into so much commercialising and where the people need more money they have more lies (493-5).

David's mistrust is closely connected to money which is signified by his assertion that he does not "trust anyone from work", when he says that there is "so much commercialising" and that people lie more when they "need more money". In this way David makes a link

between the poverty and sense of lack in which he grew up, and his difficulty in developing trust in his adult relationships.

Evelyn also makes a connection with her past and her later relationships. Evelyn has observed the traditional role of women in Ugandan culture in which women do not speak up for themselves. She has also seen how this is manifested in her parents' marriage. This has informed Evelyn's views on the kind of intimate relationship she wants as an adult.

The idea of being some in a relationship where my voice doesn't get heard or I don't get to speak… those were the ones that I found a way out of I just never remained in them and I definitely couldn't cope with someone who couldn't cook and clean after themselves that's just a, that's a no for me (449-53).

Evelyn eschews the kind of relationship in which she is required to take on the traditional Ugandan role of a woman who is deferential to her husband, one in which her "voice doesn't get heard". Instead she wants a relationship based on equality in which a man is able to "cook and clean" for himself, tasks traditionally perceived as women's work especially in Ugandan culture.

Similarly, Agatha notes impact that her early experiences have had on her later adult relationships.

I'm in a relationship now and I think, I'm 24 but this is first relationship where I've, I can step back and say OK I'm being open with this person I'm not, you know cos before that, a lot of the time, they would complain and say I was too tough or I would try to act, you know what I mean I would try to cover it up because I think I was distancing myself from them having to go so it's definitely affected it (222-6).

Agatha suggests that she is able to objectively observe herself in her relationship when she says "I can step back". This is in contrast to Agatha's previous relationships "before that" in which she would get caught up in the feelings evoked from her early experiences. Agatha explains that this was the fear of abandonment "I was distancing myself from them having to go". Here Agatha reveals that her previous show of independence in which she was "tough" was actually an "act" in an attempt to "cover…up" her fear and protect herself. In her current relationship Agatha is instead allowing herself to be "open".

3.6 Summary

The way in which the participants' experience the IGTT appears to be predominantly through

the family system. The sources of trauma for the participant are varied and occur both within the family system but are also influenced by external factors. With the passage of time, however, participants demonstrate an ability to transmute their early traumatic experiences into a source of strength. It is hoped that the illustration provided by the interpretative phenomenological analysis demonstrates some of the experiences faced by second generation Ugandans of their parents while growing up. From these rich descriptions I attempt to highlight a sense of the temporal, physical and active meaning making processes of participants; representing the shared themes, while honouring and maintaining the integrity of each individual participant (Smith et al., 2009).

Chapter 4
Discussion

Introduction

In the following section I will bring together some of the themes explored in the analysis section and the extant literature on attachment and IGTT, in support of the interpretations made of the interviews. I will draw out themes of particular interest exploring any gaps within the existing literature, which the current research attempts to address. Without making claim to a model for the transmission of trauma or predicting causality, several interconnected themes within the current research emerged which are represented in the diagram below (Fig 4.1) and that I will use as a framework for the discussion of my findings. This diagrammatic representation conceives the process of transmission as cyclical with interdependent stages of the process, all of which interact with the wider environment; that is the family, community, society and culture in which the individual is embedded. The cyclical nature of the process is in contrast to a linear one, which relies on progression from one discrete phase to another. In this way, the findings of the current research suggest that there can be several cycles in the lifetime of one individual, which can be carried over into the next generation if not completed across the individual's lifespan. In this section I will take each aspect of this diagrammatic representation that emerged from the analytic themes about the process of trauma transmission in turn, supporting each theme with the evidence from existing research where appropriate. In this way I hope to offer novel insights from my research into the field of IGTT and put forward recommendations for further research.

4.1 Tensions in the analytical process

The diagram below with its seemingly causal relationships may appear to be at odds with the IPA method employed in the current research. However, it highlights some of the main tensions I found within the analytical process. IPA method is based on a reading within the text rather than imposing an interpretation from without. This is seemingly in conflict with my use of attachment theory and IGTT as perspectives from which to interpret the text. However, interpretations need to come from a particular perspective (Willig, 2012) and the one that I have chosen is well supported by the literature, which proposes the family as the vehicle for trauma transmission. Throughout the analytical process, I bracketed the assumptions inherent in these perspectives directing my reading towards meaning rather

than causality, thus allowing for new insights to emerge from the data. As suggested by Smith et al. (2009) my primary focus was on questions relating to the participants' understanding, their experiences and sense making activities within the context of having parents who lived through Idi Amin's regime in Uganda. Furthermore, in line with Smith et al's. (2009) guidelines on IPA, I took a multi-directional approach to the analytical process employing different analytic strategies. This dynamism allowed for a novel outcome from that which I had anticipated. What emerged was a parallel process in which the analytical process reflected the meaning making process of the participants. Therefore, the diagram below is based on the participants' perceptions and understandings of their own processes and those they have observed in others, in line with the critical realist ontology of the current research.

Fig 4.1. A diagrammatic representation of trauma transmission based on analytic themes
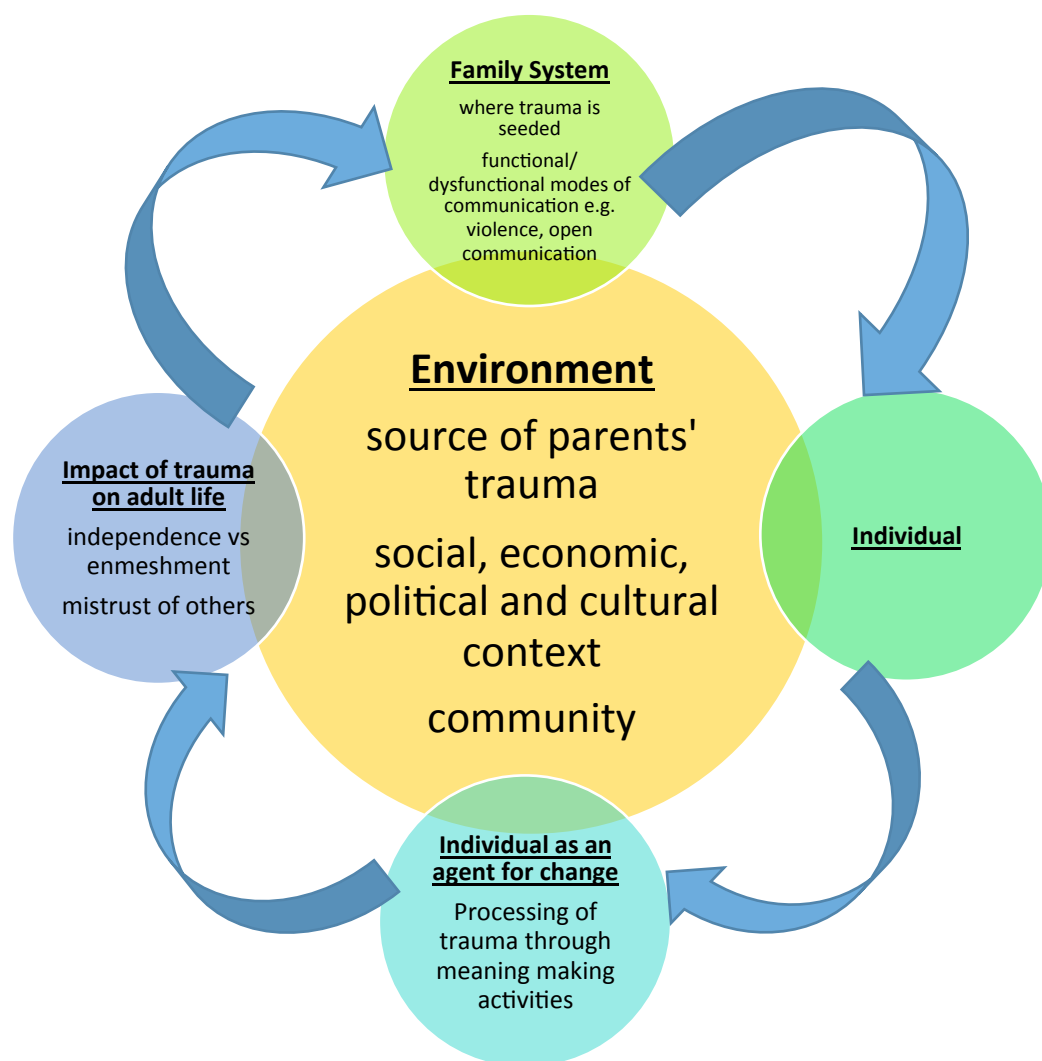
4.2 Family System in which trauma is seeded

In this section I will consider the ways the participants' parent or parents' trauma was manifested in the family and the impact that this trauma had on family functioning. This emerged in the analysis under the superordinate theme of 'Family dynamics'. In the literature on IGTT, Kellermann (2001) outlines four main models for the transmission of trauma, one of which is the family systems approach. Family systems theorists, researchers and therapists alike conceptualise family dynamics as a social system comprising of three important elements, the parent-child relationship, the marital relationship, and the sibling sub-system. In the following discussion of my findings I will explore these elements. Drawing on the large body of research collated in Dekel and Goldblatt's (2008) meta-analysis of the transmission of trauma from combat veteran fathers to their children, I will first explore the participants' perception of their fathers. I will then turn to the role of the mother figure in mitigating against the negative impact of the fathers' trauma, and finally look at the sibling sub-system as a means of considering individual differences in the transmission of trauma.

4.2.1 The Father as the main source of trauma within the family

Within the subordinate theme of 'The Father' the majority of participants in the current study described their fathers' as aggressive and at times physically and verbally abusive. This appeared to be the main coping mechanism for fathers in dealing with their own trauma. This behaviour was often in conjunction with alcohol consumption, which brought out or exacerbated the father's already aggressive tendencies. Agatha's account of her father provided one notable exception in which she described him as frequently physically absent and dependent on alcohol as a means of emotional numbing and detachment when he was physically present. Participants expressed the view that their fathers' behaviour had a negative impact on them; causing them to be fearful and anxious while growing up. David stated that his fathers' behaviour while he was growing up was a source of direct traumatisation, while Agatha, whose father was emotionally detached, felt abandoned and unwanted due to the circumstances while she was growing up, including her father's frequent absence. On the other hand, although some participants reflected on the fear that their father instilled while they were growing up, in adulthood they developed compassion for their fathers and were able to appreciate what he was trying to do for them in terms of protecting the family and the stress that providing for them caused him. Such compassion was indicative of the better psychological functioning of participants in comparison to their siblings in which they had managed to process their early traumatic experiences. This assumption of the participants' healthy psychological adjustment is based on their ability to function socially, my impressions of them in the interviews, and what the participants

revealed about the difficulties experienced by their other siblings. These difficulties included workaholism, mental health issues, over-eating, difficulties in interpersonal relationships and premature death.

The fathers' aggression as identified by participants is indicative of the association between PTSD in fathers and impairments in family functioning either through indirect communication or through the use of violent communication (Davidson and Mellor, 2001; Harkness, 1993; and Dekel and Goldblatt, 2008). Harkness (1993) found that combat veterans' parenting was characterised as controlling, overprotective and demanding while Dekel and Goldblatt (2008) assert that combat veteran fathers with PTSD have difficulty regulating their emotions. Dekel and Goldblatt (2008) further state that hyperarousal, low frustration tolerance and poor self-control is a characteristic of the poor family functioning of combat veteran fathers with PTSD leading to verbal and physical abuse as a problem solving mechanism. However, in support of Agatha's experience of her father, in contrast to the over-protective, controlling and demanding parent-child relationships identified by Harkness (1993) other studies have found the reverse; parenting characterised by emotional numbing. Ruscio, Weathers, King and King (2002) found that such parenting had the greatest negative influence on the parent-child relationship. Similarly, Rowland-Klein and Dunlop (1998) in their study found that emotional unavailability was a feature of the parenting of Holocaust survivors attributed to the parents attempts to repress their past which was only possible by shutting down emotional expression.

Rohiny, despite developing in adulthood an integrated view of her positive and negative experiences of her father while growing up, still demonstrated some difficulty in terms of her identification with her father, while her sister Naima appeared to identify herself positively in terms of the characteristics she had acquired from her father. Rohiny's negative appraisal of the aggressive traits she adopted from her father may be indicative of Dekel and Goldblatt's (2008) assertion that traumatised fathers attempt to alleviate their suffering through the use of projective mechanisms in which feelings of persecution and aggression are projected onto the children. Thus, Rohiny may have introjected her fathers' anger, frustration, guilt and feelings of persecution and experienced them as her own. Furthermore, cultural and familial expectation not to criticise parents may have caused Rohiny to repress her negative feelings towards her father, leading her to turn this negativity inwards; attacking the parts of her father that she disliked and recognises in herself.

Even amongst those participants whose fathers made their presence felt through aggression, there was also a sense of their fathers' psychological absence. This was experienced by participants as a lack of emotional warmth, psychological absence due to

their fathers' alcoholism, depression or other illness. Following her grandfathers' murder at the hands of Amin, Ethel's father falls into a deep depression and alcoholism that lasts the rest of his life. In addition, he suffers a traumatic brain injury resulting in a coma and later suffers from alcohol induced dementia. Similarly, David's father's angry outbursts are indicative of his depression, comorbid with alcohol abuse. Although Agatha's father is largely absent, his predominant coping mechanism is avoidance in which alcohol is also implicated. Such behaviour could be a sign of trauma in the participants' fathers. Furthermore, such behaviour creates the psychological absence of the participants' fathers in the family that Boss (1999) refers to as 'ambiguous loss' which she contends is as devastating as a physical loss, proposing that such ambiguous loss can traumatise the families that experience it. Even when no death has occurred, ambiguous loss is analogous to unresolved grief with symptoms similar to PTSD. Like PTSD ambiguous loss is characterised as a disorder arising from psychologically stressful events outside normal human experience. As they remain unresolved they are continually re-experienced. However, unlike PTSD the trauma in ambiguous loss (ambiguity) persists in the present and it is typically a long term situation which traumatises and immobilises those who suffer from it. Boss (1999) goes on to say that the symptoms of ambiguous loss are similar to those in PTSD, depression, anxiety, guilt, emotional numbing and nightmares. Many of the participants in the current research share their experiences of ambiguous loss of their fathers. Thus the trauma of the father is carried over into the family system by making them psychologically absent and creating a traumatic environment of ambiguous loss for the participant as a child.

4.2.2 Embodiment

Embodiment is a central concern for phenomenologist researchers because as Ainley (1989) asserts an individual's experience of the world necessarily takes place in their body. Illness is one of the ways in which the embodiment of trauma emerged within the participants' accounts.

Under the subordinate theme of 'Embodied' within the superordinate theme of 'The dynamic nature of memories and remembering', the participants as well as describing the signs of emotional distress that their fathers exhibit, also describe a range of health difficulties from which their fathers suffer, including heart disease, diabetes and Alzheimer's. There is gathering evidence to suggest that trauma is not just a psychological effect but also physiological (Maté, 2011). The majority of participants describe their fathers as aggressive, a personality type Temshok and Fox (1984) identified as 'Type A' individuals who were categorised as "angry, tense, fast, aggressive, in control". They assert that this personality

type is more prone to heart disease which correlates with Naima and Rohiny's description of their father who had a "hot temper" and who died from a heart attack.

Although he said that his father died in old age, David disclosed to me outside the interview that he had recently undergone a medical procedure on his liver, which he implied was the removal of a tumour. This corresponds to Temshok and Fox's (1984) identification of the Type C personality types who "suppress or repress 'negative' emotions particularly anger" while attempting to appear happy. This personality type is linked to cancer and accorded with my impression of David throughout the interview during which he maintained a happy demeanour, smiling even while talking about distressing experiences. It could be that due to his father's aggression David learned to suppress his own feelings of anger towards his father as a survival mechanism to avoid conflict. Bowlby (1980) refers to this mechanism as "defensive exclusion" when in the past the child's expression of anger may have resulted in undesired consequences and was, therefore, turned inwards.

Ethel's father, like the majority of the participants' fathers, developed depression and alcoholism following the murder of his father by Idi Amin's regime. His long-term abuse of alcohol amongst other health difficulties caused dementia in later life. Snowdon (2000) proposed that those with a more joyful perception of their early life experiences, as indicated by their vivid use of language in journals, were less susceptible to Alzheimer's in later life. The selective 'forgetting' characteristic of Ethel's father's dementia suggests that the function of dementia is the body's attempt to block out traumatic memories, which in Ethel's father's case would have included the murder of his father.

Evelyn describes her father's severe diabetes which leaves him in a diabetic coma. Although Evelyn does not comment on her father's own childhood, Maté (2011) asserts that diabetes is a disease of the autoimmune system, going on to say that auto-immune diseases such as diabetes are "the body's defences turn[ing]… against the self" (p. 173). The psychological mechanism linked to this internal physiological attack is the repression of anger a form of dissociation originating in childhood. Evelyn does however give clues about her father's temperament which she describes as being overly mild mannered with understated expressions of anger which suggests that he represses his feelings as a coping mechanism potentially manifesting in his diabetes.

Beyond the physical symptomology of trauma, the embodied nature of IGTT is largely neglected within the literature. What emerged in the current research was the pervasiveness of physical illness in the participants' family members - usually, although not exclusively, the fathers which is why it is included here. This illness was identified by participants not as a

natural part of the aging process but as dating back to the participants' early life and may, therefore, also be connected to the trauma that their fathers experienced.

4.2.3 Role of the mother in mitigating against father's trauma

Continuing on from the superordinate theme of 'Family dynamics' participants emphasise the mediating role of the mother in mitigating against the negative impact of the fathers' trauma. Participants emphasise the role the mother takes within the family in regulating emotions; her calmness creating a counterpoint to the father's temper. Furthermore, participants describe their mothers as mediators between the father and children; putting the fathers' case to the children in an attempt to help the children understand his seemingly unpredictable and erratic behaviour and putting the children's requests to their father acting as a buffer between father and child to protect the children. In this way mothers perform a vital function maintaining balance and harmony within the home. Schore (2010) departs from Bowlby's attachment theory, by proposing a 'regulation theory'. In his neuropsychoanalytic model of development, Schore (2010) contends that secure attachment does not rely on the psychobiological attunement to the infant's signals. Rather, he regards the role of the mother figure as a moderator of the infant's internal states of arousal. The participants' accounts of their mothers as the mediator in the family, mitigating against the fathers' hyperarousal and maintaining a balance in the family, emerges as a parallel process of Schore's regulation theory in which the mother moderates the collective internal states of the children, as well as the father's within the family by taking on a peace keeping role.

All the participants described their mothers as loving, nurturing and with whom they had a close bond, which for most continued into adulthood. This could be regarded as a sign that participants developed a secure attachment to their mothers in infancy. Attachment theory places particular emphasis on 'the mother figure'. The relationship that the infant establishes with the mother figure is regarded as the primary attachment and depends on the infant being able to represent the mother as a secure base from which to explore. This security is derived from the knowledge that the mother figure can be returned to if the infant becomes overwhelmed by the demands of the environment. Moreover, that she will be emotionally and physically available for comfort and security. Bowlby (1979) saw this being achieved through the development of a mental representation of an 'internal working model' by the infant of the mother figure which is available to the infant even when the mother is not physically present. This model is comprised of three parts: a model of the self, the mother and the relationship between the two. Bowlby (1979), further contends that the establishment of a healthy 'internal working model' is fundamental to later mental health and

future relationships including those with the wider society. This secure base not only refers to the external environment but also to the infant's inner world. Bowlby (1979) contends that this can be achieved through effective communication between the mother figure and the child, in which the mother figure is 'attuned' to the infant's signals.

It is arguably this secure attachment which allows the mother to mitigate against the potentially negative effects of the father's trauma. Furthermore, this may account for the fact that the participants appeared psychologically healthy despite the traumatic circumstances of their early life that they recounted. In their review of the literature on the transmission of trauma from combat veteran fathers to their children Dekel and Goldblatt (2008) note that little is known about the other systems within the family that might mitigate IGTT, suggesting that there needs to be further research on the wives and mothers in such families. As confirmed in the current research, mothers and wives are generally central figures in the family and may even take on greater importance in families in which the father has PTSD because of the need to compensate for their illness and distress (Dekel, Goldblatt, Keider, Solomon and Polliack, 2005; Figley, 1986). Not only do participants describe their mothers as a buffer for their father's stress, but they also comment on their parents' role reversal, in which the mother has to take on the father's role as provider for various reasons - such as the father's inability to work because of periods of absence, illness, depression or because of immigration. The impact of such role reversal is unclear, on the one hand it highlights the indispensable role that the mother plays in all aspects of the participants' lives, on the other it increases the possibility of stress within the family by confusing boundaries (Boss, 1999) and placing an extra burden of responsibility on the mother.

4.2.4 Impact of trauma on marital relationship

The increased burden of responsibility on wives and mothers described in the previous section has gained much attention in the literature, which highlights the personal and marital distress they experience as a result of the ongoing stressful situation (Dekel et al., 2005; Remer and Ferguson, 1998; Soloman, et al., 1992). Staying with the superordinate theme of 'Family dynamics', the participants highlight their parents' relationship. Not only do they describe the direct impact that their fathers temper had on them, but also how it affected other family members. It included the marital relationship having in turn an indirect impact on the participants and causing them to suffer by witnessing their fathers' violent and verbally abusive behaviour towards their mother. With regards to the participants' later adult lives, their observation of their parents' marital relationship may have had an impact on their later relationships, either by contributing to the feelings of mistrust of others communicated within the family, or by providing a model of an intimate relationship.

In their meta-analysis of studies exploring the connection between marital quality and parent-child relationship, Erel and Burman (1995) make the case for Engfer's (1988) 'spill over' hypothesis. The spill over hypothesis in this case refers to the transfer of affect mood or behaviour from the marital relationship to the parent child relationship. Easterbooks and Emde (1988) propose that one of the four mechanisms by which spill over occurs is the sociological perspective. The sociological perspective suggests that difficulties in both the marital relationship and parent-child relationship leads to stress within the family system, which further affects both the marriage and parent-child relationship (Margolin, 1981). It further proposes that external influences, such as unemployment or chronic illness, can place strain on the whole family system. This final factor is particularly evident in many of the participants' accounts and is further exacerbated by cultural factors concerning the socio-economic standing of women in Uganda. Matembe and Ndira (2004) referring to the cultural practice of 'bride price' in which the bride's family must pay the husband to solemnise the marriage, assert that if a woman leaves her husband her family are obligated to repay the bride price. If they are unable to, the woman is then open to abuse. Furthermore, as women have no right own land or property independently if they leave their husbands risk homelessness for themselves and their children (if they are permitted by the husband to be taken with the mothers). This forces many women to remain in unhappy marriages, which is explicitly stated by many of the participants who are aware that, although their mothers were unhappy because of abuse, they felt they had no choice but to stay. In the participants' accounts it seems as though their mothers had no choice but to absorb the fathers' distress and provide a buffer against it for their children as they were unable to remove themselves from the stress. Half of the participants alluded to their mothers' attempts to leave which seemed to result in further negative consequences for the mother and/or the children, either because the children were separated and had to live with their fathers' relatives which opened them to abuse from them, or they were merely forced to return by the fathers' relatives in an informal court.

4.2.5 Sibling subsystem and differences in the shared environment

Dekel and Goldblatt (2008) highlight the fact that there is evidence to suggest that not all children in the same family are affected equally by the fathers' trauma and that there is a paucity of literature exploring what personal characteristics might mitigate against IGTT. They further suggest that individual differences in the temperament of the children, the children's ages, gender and birth order need to be borne in mind when considering the severity of IGTT.

The sibling subsystem relates to the subordinate theme 'Differences between siblings' in the analysis. Within the current study the contribution of two siblings as participants allowed for some speculative comparison between different experiences despite the assumption of a shared environment. Not only was it possible to compare the sister's experiences, but also make comparisons between them and their other siblings who did not participate in the study. Half of the participants in this study, including the sisters were the eldest of five or more siblings and the majority took on roles of responsibility in the family. Studies focusing on the differential experiences among siblings in the same family have highlighted links between the differential parent-child relationships and outcomes in child behaviour. According to a study by Dunn (1988), siblings that were closer to the mother and had the greatest responsibility in family decision making and daily chores were better adjusted psychologically than the others. These findings may account, in part, for the better psychological functioning of the participants in the current study in comparison to their siblings. I make the assumption of healthy psychological adjustment based on the way the participants presented themselves, and according to AAI coding guidelines (used in an impressionist rather than diagnostic way) on the coherence and consistency of their narratives of their childhood experiences and ability to integrate positive and negative experiences. Furthermore, these assumptions are based on what the participants revealed about the difficulties experienced by their other siblings.

All participants demonstrated an awareness of the differential treatment that they and their siblings received from their parents, with the majority expressing the belief that they were the favoured sibling. This may further account for the participants seemingly healthy psychological adjustment in comparison to their siblings. This is supported by Plomin and Dunn (1991) who found that children growing up within the same family have different relationships with their parents and that there are differences in the perception of the sibling relationship for the two siblings involved. Furthermore, Harter (1983) suggests that such differential behaviour may influence the child's sense of self-worth which is implicated in later well-being. This may account for the better psychological adjustment of participants in the current research in contrast to their siblings.

Moreover, life transitions are also negotiated differently by siblings (Beardsall and Dunn, 1992) and the timing and impact of such transitions can set siblings on different developmental paths. Similarly, Beardsall and Dunn (1992) found that potentially stressful life events seemingly shared by siblings were perceived and experienced differently by the siblings relating to the child's perceived sense of self-competence. Moreover, these events were linked to later differences in self-esteem. Such stressful life events can also have a snowball effect for one sibling, making them increasingly vulnerable. Self-selection in the

recruitment process may be a bias, in which those who chose to participate were the siblings who may have been psychologically better adjusted and therefore more willing to talk about their experiences.

Although there was evidence that the participants were better able to cope with stressful life events than their siblings, the direction of causality cannot be assumed. It is unclear whether individual differences in temperament give participants the resources to better cope with stressful life events contributing to their perceived sense of self-competence, or whether it is their perceived sense of self-competence which allows them to develop the necessary skills to cope with their circumstances. It is likely that there is a dynamic interaction between the two, with individual differences in personality influencing the way in which the external environment responds. In the next section I will explore this idea further by considering the resources participants use to make meaning of their experiences.

4.3 The individual as an agent for change

The participants in the current project identify their fathers as the main source of the experienced trauma. As noted above this trauma is seeded within the family system which is passed onto the individual. The differences between the participants and their siblings, suggests that not all children are equally affected by trauma within the family. Indeed, this study shows that those individuals with better psychological functioning than their siblings self-selected themselves as participants for this research.

In this section, therefore, I will explore how the participants reflect on their childhood experiences, some of the factors that may have contributed to their increased resilience, and how they become agents for change in the face of their traumatic early childhood experiences.

As well as negative consequences of traumatic experiences, positive changes following adversity have also been well documented (Tedeschi and Calhoun, 1995; Tedeschi, Park and Calhoun, 1998). These positive changes can be termed 'adversarial growth' which refers to a higher level of functioning following the traumatic event than existed prior to the event. In their study on individual resilience Lazarus, et al. (1985) found that the amount of stress experienced by an individual was not dependent on the strain put on the person by the stressful event. Rather, their appraisal of the event and of their ability to cope determined the level of stress experienced. Stress resilience, locus of control and religiousness have been associated with general coping skills (Fredrich, Cohen and Wilturner, 1988). Linely and Joseph (2004) also associated adversarial growth with personality, coping, social support

and religion, cognitive processing, affect, quality of life, social distress and the passage of time.

A key feature of the participants' ability to process their experiences is the passage of time, as also noted by Linley and Joseph (*ibid)*. All the participants acknowledge that their understanding of their experiences in childhood changed as they developed and matured. In particular, participants refer to the stories that they were told as children and how they were able to update these stories as their cognitive abilities developed. Dekel and Goldblatt (2008) present a negative view of this updating of stories in their review of the literature on combat veterans, arguing that the incomplete details about what their father's experienced, creates an absence of knowledge which could lead the child to imagine the missing details, with the invented story being even more frightening than the real one. At the opposite end of the spectrum they observed that parents' over-disclosure exposed their children to a large amount of information that was inappropriate for their developmental stage and their cognitive awareness.

Within the subordinate theme 'Memories as stories' participants' references to the stories they were told about the regime resonates with Hirsch's (2008) theory of "postmemory" (p.106). Postmemory refers to the communication of traumatic information through oral history between the generations, which are experienced as memories in their own right. However, some scholars (e.g. Calhoun and Tedeschi and Calhoun (1998); and Janoff-Bulman (1992), associate adversarial growth with the cognitive processing inherent in the reconstruction of world views following trauma.

The participants' consistent use of the word 'story' to describe what they heard from their parents could, therefore, be indicative of an innate process of constructing knowledge through the use of narratives. Hoffman (1993) asserts that our inability to understand events objectively leads to the creation of stories or narratives about them. These stories facilitate the meaning making process helping us to make sense of how things have happened and how the actions of ourselves and others have contributed to shaping our history (Garro and Mattingly, 2000). Garro (2005) contends that the need to create a narrative of our experiences is especially important in the case of difficult experiences.

Participants in this study demonstrate the capacity to update these narratives as experience and cognitive abilities allow. Such "re-authoring" of narratives (Phipps and Vorster, 2015) can have therapeutic benefits, as indeed narrative therapy is predicated on this assumption. White (1995) draws on this notion by stating that experience is an interpretative process and meaning is derived from the framework or interpretation of the experience. This has two

implications for the current research; on the one hand the participants' parents' constant retelling of stories may have served a therapeutic function for them in an attempt to heal their own trauma, perhaps traumatising the participants and their siblings in the process. On the other hand, as the participants' knowledge and their cognitive abilities develop, repeated story telling may help to process the trauma handed down from their parents. Story telling may thus become a meaning making activity enabling participants to make sense of their own and their parents' experiences.

From the subordinate theme 'Acceptance' many of the participants describe the benefits of a consistent religious practice and faith in processing their early experiences. Those who engaged in spiritual practice used this as a way of making their difficult experiences more meaningful by understanding them in the context of a greater plan that God intended for them. As such they regarded their experiences not as a source of tragedy but as an important part of their individual development as well as seeing themselves as part of the greater whole, which, while they did not fully understand in the moment, was revealed to them in time. The participants, therefore, saw their experiences as part of a process rather than a random tragedy, giving them inner strength and increased resilience. The benefit of religiousness is supported by the literature on adversarial growth, Ness and Wintrob (1980) found that people engaged in regular religious activity who were part of a well formed congregation reported fewer symptoms of emotional distress. Moreover, they contend that religion creates and maintains a sense of hope in the face of adversity strengthening a person's sense of self-worth. Newman (1979) suggested that in Holocaust survivors' faith was beneficial by giving them higher self-esteem and a greater sense of agency because their religious beliefs gave meaning to their experience. Interestingly those participants who did not reveal that they had a consistent religious practice nonetheless talked in similar terms; expressing the belief that their experiences had helped to develop them as individuals and demonstrating a similar reflexivity and compassion towards themselves and others. Linley and Joseph (2004) grouped religiosity with problem-focused coping (as opposed to emotion focussed problem solving which can lead to dissociation), acceptance and positive re-interpretation as being associated with adversarial growth all of which participants demonstrated regardless of their involvement in religious activities.

Forgiveness, which is a feature of many faiths was identified as contributing to the participants' meaning making processes. The participants' processing of their traumatic experiences draws on their ability to come to terms with their circumstances and forgive attachment figures for their disruption of the attachment relationship or sources outside the family for the deprivation they suffered. Burnette, Davis, Green, Worthington and Bradfield

(2009) propose that the ability to forgive is related to better outcomes in mental and physical well-being, while there is evidence to suggest that lack of forgiveness is connected to reduced life satisfaction, psychosomatic symptoms and depression (e.g., Bono, McCullough, and Root (2008))

Overall, the reflective function inherent in some religious practices, was also demonstrated by participants who despite not engaging in religious activities had been involved in therapy or taken advantage of some other form of self-help. As noted by the addition of the reflective-self function in the coding of the AAI, this appears to be an important mechanism by which trauma and disrupted attachment may be transmuted into something positive by the individual, potentially preventing their transmission to subsequent generations.

4.4 Impact of trauma on adult life

4.4.1 Enmeshment vs Independence

One signifier of the continuing negative effects of trauma, was the participants' identification with their parents' trauma. Conversely a sign of adversarial growth in participants was their ability to create a separate life for themselves independently of the family system. While attachment theory relies heavily on successful individuation as a sign of healthy attachment in the adult, I reference this with caution in regards to the current research as there is greater cultural emphasis on the importance of family in the Asian and African cultures to which the participants belong. Furthermore, a fluidity of attachment emerged in the current research in which the participants demonstrated multiple attachments and attachment style differed according to circumstances. However, the current research showed clear delineation in attachment style with regard to the participants' family of origin with over half of the participants demonstrating a strong connection to their families which could be described as enmeshed and the other half exhibiting independence and a clear sense of self as distinct and separate from their family.

Under the subordinate theme 'Independence' of those participants whose adult lives were closely bound with that of their family of origin, two (Rohiny and Naima) continued to live in the family home with their mother. Rohiny had never left the family home, been in a long term relationship, married or had children; while her sister Naima commented on the conflict that arose between her family of origin and her husband when she left the family home after marrying. Naima said that her husband's desire that she chose between him and her family contributed to the breakdown of their marriage. In the literature about the transmission of trauma, over-protective parenting was a recurrent theme (e.g., Rowland-Klein and Dunlop, 1998). A key feature of this parenting style is lack of boundaries and enmeshed

relationships. Rowland-Klein and Dunlop (1998) found that Holocaust survivors frequently became immersed in their children's lives gaining displaced satisfaction through their achievements which encouraged a symbiotic relationship. In conjunction with the indirect communication style of survivor parents they may have unconsciously communicated the message that separation could not be tolerated thus making individuation difficult; with healthy separation possibly triggering previous separations and losses.

Similarly, for Ethel, despite her seeming independence, her family appeared to rely heavily on her for support. This took the form of her mother and sister repeatedly going over their trauma with her and Ethel helping her sister build her business and looking after her sister's children. In particular Ethel expressed the emotional burden her mother and sister placed on her when they talked about their painful experiences saying that it was very painful for her. She also expressed anguish at her numerous attempts to engage her brother who had emotionally disconnected from the rest of his family burying himself in work and over-eating. This may be similar to what Rowland-Klein and Dunlop (1998) identified as the unconscious communication found in Holocaust survivor families which can lead to a feeling of anxiety in the child about exacerbating their parents' suffering, creating a sense of responsibility for the parent and a duty to be a source of comfort that may continue into adulthood.

For David, although he married a woman from outside his culture and moved abroad he remains embroiled in an on-going feud with his remaining siblings over his fathers' property. David expressed bitterness at this and an unwillingness to let go which kept him bound to his family. Such an unwillingness to let go may be less to do with the loss of capital involved in relinquishing his share of property and more a feature of the ambiguous loss that the separation of immigration has created for David and thus his need to maintain connection (Boss, 1999).

The remaining participants displayed fierce independence which on the surface appeared to be a healthy sign of individuation. However, their narrative about their childhood experiences suggests that they may be exhibiting a degree of what Shochet et al. (1969) identified as 'compensating hyper independence'. This is coping mechanism developed in childhood to compensate for unmet emotional needs, in which the child pretends to themselves and the world that they have no needs and can care for themselves which can last into adulthood. Agatha's early experiences; of her mother's absence and then suicide in Agatha's formative years, and father's absence leaving Agatha to be raised by domestic servants in particular suggest that this may be a feature of her coping style. Evelyn describes parents who were not emotionally demonstrative which may have caused her to suppress her own emotional needs. Agatha's and Evelyn's independence could also be attributed to that fact that both

spent a significant proportion of their lives in the west and could therefore, through enculturation have adopted western norms regarding independence as a sign of healthy psychological functioning. The findings imply that the participants' early experiences had a bearing on the way they interact with their families in adulthood and their sense of themselves as separate from their family.

4.4.2 Mistrust of others

Across the data set participants expressed a difficulty in adulthood of trusting people outside the family. This manifested itself in a reliance on the immediate family as a source of comfort and support or self-reliance, with participants not wishing to additionally burden family members with their problems. Participants also cited this as a factor which made them hesitant to open up to intimate partners as a protection against the fear of being abandoned. The communication of "fear and mistrust" has been found in the literature as a significant feature in the transmission of trauma (Rowland-Klein and Dunlop, 1998 and Bezo and Maggi, 2015). Rowland-Klein and Dunlop (1998) found that Holocaust survivors regarded the world as a potentially hostile environment which was conveyed to their offspring. Subsequent generations expressed this mistrust as isolation and a general suspicion and wariness of others.

According to Kellermann (2001) it is this mistrust of outsiders which can lead to an enclosed family system; describing the more pathological families of Holocaust survivors as "tight little islands" in which children only come into contact with their parents, siblings or other survivors. Kellermann (2001) found that the enclosed family system of some Holocaust survivor families contributed to the transmission of trauma. In these families, parents and children were overly concerned with each other's welfare in an attempt to shield each other from painful experiences (Klein-Parker, 1988). These reciprocal identifications meant that the parent lived vicariously through the child and the child vicariously experienced their parents' past horrors, creating a symbiotic relationship in which individuation and separation become problematic (Barocas and Barocas, 1980, Freyberg, 1980, Klein, 1971) and attachment difficulties are observed (Bar-On et al., 1998).

4.5 Impact of external environment on trauma

As well as the family system, external factors can put a strain on the whole family system exacerbating the trauma within the participants' families and therefore the potential for this trauma to be communicated to the participants.

4.5.1 Poverty

Within the subordinate theme 'Poverty' contained under the superordinate theme 'Absence and loss' many of the participants describe the impact of the poverty they experienced while growing up as a direct and indirect result of the Idi Amin regime. Some participants' families remained in Uganda where the Amin regime had decimated the economy meaning a lack of basic necessities, employment and a poor infrastructure. In their study on the association between poverty and child functioning Wadsworth et al. (2008) found that growing up and living with ongoing poverty has a deleterious effect on psychological, physical and educational well-being, with poverty being associated with a wide range of child and adult psychopathology (Wadsworth and Achenbach, 2005).

For David's family, his father's income as Idi Amin's police chief was not sufficient to support the family. Farming was their main source of subsistence but with the rise of the black market economy many farmers like David's family could not get a decent price for their produce and so only produced enough to feed their families. David expresses how difficult a farming life was for him and his siblings while growing up, that there was not enough money to send all the children to school and that their help working on the farm was essential for their survival, which further precluded the opportunity for them to attend school. In this situation the main routes out of poverty were marriage for the girls, thereby ensuring fewer mouths to feed as well as bringing extra income from the payment of a bride price, and for the boys to become rebel soldiers to fight against Idi Amin. Similarly, Ethel's family experienced extreme deprivation as a result of the loss of their livelihood from the family farm which was confiscated by Idi Amin after the murder of her grandfather. The seizing of the family farm meant that the family were displaced and forced to move from the rural North to the urban South in an attempt to find work and a place to live. For Rohiny and Naima, Amin's expulsion of Ugandan Asians meant that they were forced to immigrate to Britain, leaving behind their property and father's businesses. Their forced immigration with no money with which to start another business and no qualifications with which to find decent employment threw the family into poverty. While the other participants describe less financial deprivation, they nonetheless express the pressure of financial survival that was placed on their families with Evelyn's father having to move around the country in search of locum work and Agatha being left alone while her parents were away for work and training.

4.5.2 Death

Continuing with the superordinate theme of 'Absence and loss' in the subordinate theme 'Death' participants describe the death of a loved one. The participants' parents' experiences

of death as a direct and indirect consequence of the Idi Amin regime appearing to be the main source of their trauma. Armed conflict, the high infant mortality rate as a result of poverty and the high rate of AIDS in Uganda were a few of the contributory factors of premature death expressed by participants, with many participants' families experiencing more than one death. Ethel's family not only had to come to terms with the death of her grandfather, but the death of her twin as a new-born due to lack of adequate healthcare and later the death of her older sister from an AIDS related illness. Similarly, David lost several older brothers in the fighting against the Amin regime. Research suggests that grief can affect communication patterns within families influencing the grieving process and their overall functioning and that family functioning prior to the death has an effect on the grieving process. Kissane et al. (2006) found that dysfunctional families in which communication was not open demonstrated higher levels of psychosocial morbidity such as depression, anxiety and alcohol abuse and increased levels of conflict between family members. The direction of causality cannot be assumed but in the participants' families the death of a loved one and family functioning are closely linked.

4.6 Limitations of study

In the following section I will consider some of the limitations of the current study. What emerged in the initial literature search on IGTT was some ambiguity in the findings concerning the existence of IGTT as a phenomenon. Despite extensive anecdotal evidence from psychotherapists, no clinical evidence had been found to conclusively prove the existence of IGTT, thus I felt I had to 'bracket' my assumption of the presence of the IGTT. As a counselling psychologist I am concerned with my clients' subjective experiences and understanding their meaning making activities of those experiences. I was, therefore, interested in learning about the participants' second hand experiences of the traumatic events of the Idi Amin regime and what effect, if any, this had on their later lives with the aim of exploring the phenomenon of IGTT. To explore this topic without explicit reference to the IGTT (the existence of which I initially felt was still in question) I, therefore, chose to focus on the attachment relationship between the participants' and their parents' as this had emerged as the main vehicle of trauma transmission in the IGTT literature. However, while this approach offered rich data, it also became a major constraint on the research process.

Firstly, the current research dedicates a significant proportion of the exploration of IGTT on elucidating its link to the attachment relationship and rationale for using the AAI. Had the current study instead focussed on IGTT as the phenomenon under exploration in its own right, I may have been able to further explore different areas of interest that emerged; such as the embodied nature of IGTT in the participants. The second constraint of using the AAI

to explore IGTT is closely connected to the first in that the use of AAI as a means of exploring IGTT necessitated a causal explanation of how attachment an IGTT are related. Such a causal explanation may be considered incompatible with the aims of IPA which are to explore participants' subjective experience rather than explicate cause and effect relationships. In hindsight, having further researched and understood the phenomenon of IGTT, although the use of the adapted version of the AAI touched on many of the same subject areas, I now feel that its use diverted focus from the phenomena under exploration.

Other limitations of the study arose from the use of the AAI as a data collection tool. In general, as the attachment relationship itself was not necessarily the focus of the research, I deliberately left the questions very broad to allow the participant to expand in a way that they felt was meaningful and significant. While this afforded rich data, it also meant that at times the interviews diverted from the area of interest and it was hard to maintain the focus of the interview limiting it to the participants' experiences of IGTT. Due to time constraints, the questions I chose from the AAI were those that I felt were most likely to elicit information which might suggest the presence of IGTT. However, this meant that several important areas of questioning were necessarily excluded. The interviews were disproportionately focussed on the participants' early experiences. Further exploration of the participants' experiences of IGTT would have elaborated on intervening traumatic experiences beyond those in childhood. The 1996 protocol of the AAI includes the question, "Other than any difficult experiences you've already described, have you had any other experiences which you should regard as potentially traumatic?" (n.d. retrieved from www.psychology.sunysb.edu/attachment/measures/content/aai_interview, p9) Inclusion of this question would have opened up the discussion about traumatic experiences beyond those in childhood. Furthermore, limiting the focus of the interview to IGTT would have allowed participants to explicitly discuss their current physical and mental well-being, social functioning and interpersonal relationships; all of which I was only able to infer from the way they presented. The original AAI also includes questions regarding the future, in terms of the participant's relationship to their child or children or hypothetical children if they do not have children. Within the constraints of the use of the AAI, inclusion of such questions would have been valuable in the current research in demonstrating the reflective-self function of the AAI and how the participants' experiences may or may not have been integrated, and the effect that this could potentially have on the subsequent generation.

Specific to the questions that were taken from the original AAI, the interview schedule of the current research omitted to ask directly about the participants' grandparents. This may have elicited more information about loss, in particular how the family communicated about the grandparent's absence if they died or had to stay in Uganda when the rest of the family left.

This is one of the natural gaps for which the original AAI is intended to explore and one important area of commonality it shares with the concept of IGTT. Discussion of grandparents may also have revealed the transmission of trauma across three generations.

The adaptation of the AAI for the current research vitally omitted to explicitly ask what the participants' relationship with their parents was like. Although the intention was to avoid questions that could be perceived to be in direct conflict with cultural norms concerning criticism of one's parents, inclusion of this question may have revealed further insights into the nature of the participants' relationship with their parents, which were assumed from the other material offered by the participants. It would have been interesting to explore the participants' perception of their relationship with their parents with the examples of parenting participants offered. The prevalence of certain topics may, therefore, have been underreported particularly those relating to family discord as it less culturally acceptable in African and Asian cultures than Western cultures to criticise one's parents and questions relating to current romantic relationships as participants may have been reluctant to disclose such sensitive information during an interview (Tourangeau and Smith, 1996).

Due to practical constraints the current research used a sample of participants based in the UK. Considering the influential nature of the community in the construction of meaning, there are bound to be differences between the ways UK based Ugandans experience their relationship with their parents compared to those who have remained in Uganda. The impact of immigration and its potentially traumatic sequelae as separate from parents' potential trauma as a result of the Idi Amin regime is also not fully explored in the current research. Nor does the current research explore the benefits of living in the UK and escaping the ongoing social problems resulting from the Idi Amin regime as a possible mitigating factor.

4.7 Applicability to Counselling Psychology

Psychotherapeutic interventions have a vital role to play in the restructuring of communities in order to re-build trust, combat the high rate of mental illness which is also comorbid with alcohol abuse and gender based violence. Despite being feted as an AIDS success story in the 1990's, the prevalence of HIV in Uganda is on the rise since its lowest rate of 6.4 percent in 2006 with 7.2 percent of Uganda's population currently living with HIV ("HIV and AIDS", 2012). If, as the current study suggests trauma can be transmitted within communities across generations, then the high rate of HIV infection in Uganda may be attributable to the ongoing socio-economic difficulties of which the Idi Amin regime was a catalyst.

4.7.1 Multi-level framework

The findings of the current research echo those found by Bezo and Maggi (2015) who espouse the importance of making a distinction between individual and collective trauma and suggest that IGTT occurs not only on the individual level but also the family and community-societal levels. In accordance with this view, collective trauma must necessarily be healed on multiple levels which include the family system and wider community. The diagram below (Fig 4.2.) represents the dynamic multi-layered findings of the current research demonstrating how trauma is the complex interaction of different factors. After describing how trauma can occur on each level, I will suggest Interpersonal Psychotherapy adapted for use in groups has the potential to address these multiple layers on which trauma occurs.

Fig. 4.2*. A diagram representing the multiple levels of interaction in trauma transmission*
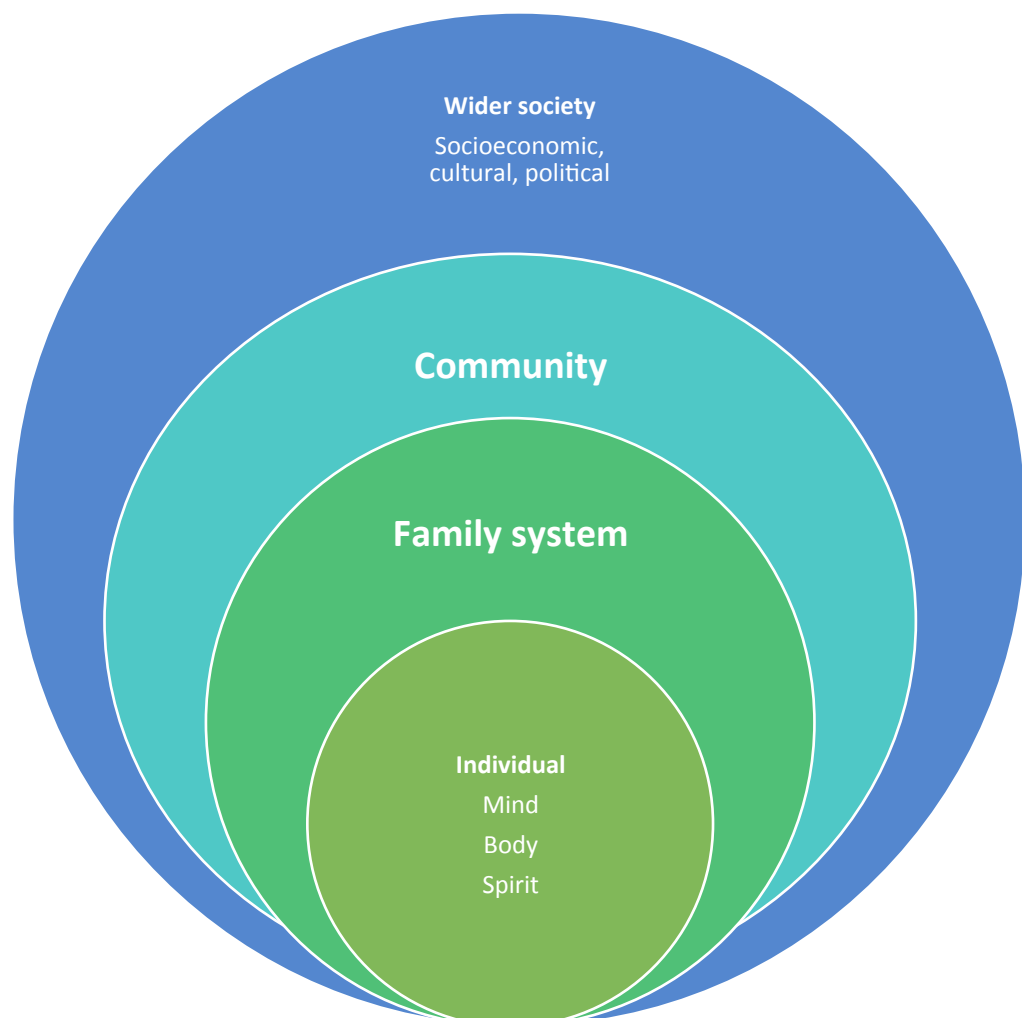
A holistic approach to the individual integrating mind, body and spirit

The findings of the present research highlight the importance of taking a holistic approach to the treatment of trauma therapy by conceptualising the individual as integrated parts of mind, body and spirit. Counselling psychology, therefore, not only needs to consider the impact that trauma has on the psychological functioning of the individual but on the manifestations of trauma in the body; treating these in conjunction with emotional distress. The present research also suggests the benefits of spirituality as part of meaning making in the healing of trauma, a concept which has long been understood in the area of transpersonal psychology and addiction treatment such as the twelve-step programme.

4.7.2 The importance of Spirituality

Based on nine basic components of spirituality; a transcendent dimension, meaning and purpose in life, life mission, the sacredness of life, material values, altruism, idealism, an awareness of the tragic the belief that spiritual practice enhances life, Elkins, Hedstrom, Hughes, Leaf and Saunders (1988) offer the following definition of spirituality:

> Spirituality which comes from the Latin, *spiritus*, meaning "breath of life", is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life and whatever one considers to be the Ultimate (p10)

Elkins et al. (1988) offer a humanistic definition of spirituality that is free from the constraints of organised religion, instead conceiving of spirituality as an intrinsic human phenomenon. Such a definition of spirituality is therefore more inclusive than a set of narrowly defined religious beliefs rituals and practices. Such a humanistic stance is particularly pertinent in relation to the current research in which it could be argued that the Idi Amin regime and its negative consequences were borne out of tensions created and exploited by colonialism around ethnic, religious and tribal differences. Thus, the role of spirituality as part of the healing process of trauma must necessarily be treated with caution. However, there is also evidence to suggest that religious ritual and practice also have a role to play in the healing of trauma.

Rituals as part of the cultural milieu help to support individuals, repair ruptures to social structures and re-establish group cohesiveness following disruption. Thus when culture breaks down after traumatic events the individual is not only cut off from his/her support network but also the rituals and symbolic places that facilitate the innate ability of the individual for healing (deVries, 2007). The rituals that surround the grieving process are particularly pertinent to the current research and demonstrate the importance not only of

spirituality, but of the role of ritual associated religious practices. Rituals around death and loss enable individuals and communities to manage behaviour, time and emotions and repair ruptures in social relationships. The grieving process is characterised by strong emotions which can affect the individual's behaviour. Grief rituals can, therefore, provide a prescribed way of behaving that allows people to move through the grieving process and return them to normal social functioning. Furthermore, rituals surrounding the treatment of the dead facilitates the transition of the status of both the dead and the bereaved; allowing the dead to pass from the world of the living to an afterlife and for their role within society to be refilled. Customs and rituals therefore contain the community at this potentially disruptive period of transition (deVries, 2007). The restorative effects of ritual are disrupted when cultures as a whole are traumatised. The findings of the current research suggest that the Idi Amin regime created such a traumatisation of Ugandan culture, thereby destroying the processes that people rely upon for support, leading to further traumatisation from the loss of the culture on which humans depend.

What may account for the difference in rates of depression between Uganda and its neighbouring Rwanda that also suffered a horrific genocide (Verdeli, et al., 2003), is the fact that the political climate in Rwanda allowed the dead to be properly memorialised and grieved, whereas the facts about the deaths of hundreds of thousands of Ugandans are still not known. The lack of essential rituals around death and grieving have, therefore, have left Ugandans bereft of the restitutive power to normal social functioning that these rituals offer individuals and communities.

4.7.3 Family

Trauma is a phenomenon which is biological, psychological social and cultural. The primary social context of the individual is the family in which trauma can manifest. The transmission of trauma can take place in a number of ways within the family system. One of the mechanisms of trauma transmission is through the attachment relationship between parent and child. IGTT can also occur within the family system via conscious and unconscious communication According to social learning theory (Bandura, 1977) children learn ways of relating through observation and imitation of the relationship modelled by their caregivers. The sociological perspective proposes that the marital relationship can lead to stress within the family system which further affects both the marriage and parent-child relationship (Margolin, 1981), which can create a traumatic family environment.

In relation to Uganda, war has been found to contribute to family violence. After 20 years of civil war in Northern Uganda, which could be regarded as a consequence of the Idi Amin regime, the continuation of violence within the family still poses a significant problem to the

healthy development of children post-conflict. Furthermore, witnessing violence within the family predicts an increased risk of children growing up to have violent relationships themselves (Carlson, 1990).

4.7.4 Community

Violence within families can spill over into the wider community. In Uganda a study by Saile, et al. (2013) revealed that ongoing intimate partner violence towards women was endemic in Northern Ugandan communities. Women's previous exposure to war related traumatic events and their re-experiencing symptoms were found to be contributory factors. Furthermore, a study in Eastern Uganda found that women and girls were more likely to suffer gender based abuse in a post-conflict setting in which rape by rebel fighters and cattle rustlers was common (Muhwezi et al., 2011)

The practical adversities arising from conflict trauma in Uganda such as loss of livestock to cattle rustlers, lack of food, forced enlistment, forced marriages overcrowding in refugee camps resulting in poor living conditions, dysfunctional family systems and the breakdown of social ties, can also be regarded as indicative of the breakdown of traditional Ugandan culture. The breakdown of culture leaves the way open for other models of identity formation to take hold along ethnic, tribal, religious divisions (deVries, 2007). The traditionally pluralist nature of Ugandan culture means that healing of trauma, therefore, needs to occur on a community level.

4.7.5 Historical, political, social and cultural context

Culture can be defined as a:

> historically transmitted pattern of meaning embodied in symbols, a system of inherited conceptions expressed in symbolic form by means of which [people] communicate, perpetuate and develop their knowledge about and attitudes toward life (Geertz, 1973:89 cited in McLeod, 2013)

Trauma can similarly be transmitted through culture and become part of a culture. The connection between present personal wounds and sociohistorical realities particularly those of people of colour have been elucidated by several authors (e.g. Kareem, 2000; Alleyne, 2004, McKenzie-Mavinga, 2009). Alleyne (2004) offers the concept of the internal oppressor, an aspect of the black psyche in which the wounds of the past can be carried across the generations; an aspect which although ever present can be triggered by external oppression and is exacerbated by difficult family

dynamics, opening up old wounds and leading to a "re-wounding of the self and identity" (Alleyne, 2004, p49).

Traditional psychotherapeutic concepts are ill-equipped to address the feelings and processes associated with the specific trauma of colonialism and racism. Thus a new paradigm that acknowledges this collective historical traumatisation and the way in which it interacts with current problems needs to be developed.

4.8 Future research

I believe that the focus for future research should move away from trying to prove the existence of IGTT to solution focused action research into the benefits of psychotherapeutic interventions on populations that have been traumatised by war-conflict both in their countries of origin and as immigrant populations. A methodology that is easily replicable needs to be devised for wider applicability. The potential of such research to discover a psychotherapeutic intervention that can alleviate the negative effects of IGTT could have far-reaching consequences on individual, family, community and societal levels.

4.8.1 Interpersonal psychotherapy for groups

One psychotherapeutic intervention which integrates the multi-layered approach suggested by the findings of the present research has been piloted by Verdeli et al. (2003) who adapted group interpersonal psychotherapy for use in Uganda. The guidelines they outlined could be considered as best practice to be adopted by further research into the efficacy of psychotherapeutic interventions in developing countries affected by armed conflict. Which are as follows:

- Ethnographic research into the affected region to identify cultural norms within the region
- Adaptation of IPT-G - a manualised form of group therapy in accordance with the above findings and in collaboration with local psychologists and psychologists with experience of working with refugees.
- Use of facilitators to deliver the sessions from within the affected community rather than from outside.

IPT works on the assumption that improvement in communication and decision making around the area of difficulty results in an improvement of depressive symptoms. Evidence of its efficacy has been shown in numerous clinical trials on Western populations (Weissman, Markowitz, Klerman, 2000) but as yet has not been proven in developing countries. I propose that on the basis of the current research, randomised controlled clinical trials of IPT-

G could be conducted on depressed populations in Uganda and other traumatised communities to assess its efficacy. The benefit of using a manualised approach is that it is easily replicable, therefore, if found to be beneficial in ameliorating distress in the individual thereby allowing better social functioning, could applicable to other communities affected by armed conflict, having far-reaching consequences. This is particularly pertinent at present as Europe experiences a humanitarian crisis from the influx of refugees seeking asylum from war-torn countries such as Somalia, Eritrea, Sudan and Libya. Such an approach, if found to be successful could be used in resettled communities of refugees in Europe and to help restructure the communities devastated in their countries of origin. Some of the benefits of using such an approach are its financial viability and sustainability as facilitators would be trained within the affected communities and could in turn train further facilitators. A therapeutic intervention of this type could be seen as an extension of the aims of community psychology, another burgeoning field of Counselling Psychology, which considers the ways in which an individual's well-being and mental health is influenced by wider social forces such as politics, economics, power structures and the environment.

4.8.2 Sensorimotor approach

IPT-GU provides one possible model of therapeutic intervention for trauma treatment which works on an individual, community and societal level. However, it fails to take a holistic approach to the individual by integrating mind, body and spirit. At present a therapeutic model which takes into account the body in the treatment of trauma is the sensorimotor approach to psychotherapy. Ogden, Minton and Pain (2006) argue that while traditional psychotherapy addresses the cognitive and emotional effects of trauma it neglects the physiological aspects despite evidence of the somatic symptoms of trauma. The sensorimotor approach therefore integrates sensorimotor processing to facilitate cognitive and emotional processing which Ogden, Minton and Pain (2006) posit is especially beneficial when working with dissociation. Dissociation is the neurobiological phenomenon that occurs under extreme stress in which the mind attempts to escape that which is physically impossible to flee (Loewenstein, 1993). It is manifested in PTSD in the form of numbing, flashbacks, depersonalisation, amnesia, out-of-body experiences, dampening or absence of emotion and unexplained emotional reactions. Dissociation is a form of traumatisation identified by Musisi (2004) as particularly prevalent in traumatised communities in Africa including Uganda. Such sensorimotor techniques include the therapist's cultivation of inner body awareness in the client related to their emotional distress. Once they have gained awareness of their physical sensations, clients then process information about the trauma while maintaining an optimal level of arousal that is without dissociating. Clients are

encouraged to self-regulate their arousal levels independently of their relationship with the therapist, in this way honouring the inner resources and innate healing capacity of the individual.

4.8.3 Transpersonal psychology

However, the sensorimotor psychotherapeutic approach does not take into consideration spiritual aspects in the healing process. Transpersonal psychology infuses psychological theory and method with spiritual practices. Two key tenets of transpersonal psychology are non-duality and self-transcendence (Davis, 2003). These two concepts recognise that each part (e.g. the individual) belongs to the whole (e.g. the cosmos) thus developing a deeper sense of identity and interconnectedness (Lajoie and Shapiro, 1992; Scotton, Chinen and Battista, 1996; Walsh and Vaughn, 1993a). Davis (2003) argues that these two concepts do not exclude the significance of embodied experience but rather that transpersonal psychology is inclusive. Transpersonal practices include meditation, mindfulness and contemplation, however despite its fundamental importance in most cultural and religious practices, ritual is not a part of transpersonal psychology. I believe that this aspect of spirituality is essential to an integrated model of trauma treatment; as Davis (2003) rightly points it is through ritual that people communicate with the unconscious, each other, the collective and spirit (the notion of the Divine or cosmos as conceptualised by each religious or spiritual tradition). Furthermore, it is through ritual that individuals develop a deeper sense of meaning to the significance of our actions, the actions of others and relationships. Ritual also provides a safe holding space within which difficult 'disintegrating' experiences can be contained (Davis, 2003). Therefore, I believe that an ethnographic approach as described in the adaptation for IPT-GU necessarily needs to include the rituals and spiritual practices appropriate to the facilitation of the healing process.

Transpersonal psychology has been criticised for neglecting the relationship between the body, spiritual experience and the self (Louchakova and Warner, 2010). Louchakova and Warner, (2010) offer a model of psychosomatic mysticism to address this perceived shortcoming of transpersonal psychology. Psychosomatic mysticism refers to the aspect of spiritual traditions that focus on those parts of spiritual insight connected to awareness of embodied experience, in other words those parts of spiritual traditions that entail bodily manifestations of spirituality. It is beyond the scope of the current research to explicate the differing forms that such embodiment of spiritual experience may occur within various religious traditions or to define the psychosomatic mysticism model, it is offered here to highlight a potential area of exploration in the treatment of trauma which integrates mind, body and spirit.

4.9 Conclusion

Several concepts from multicultural therapy support the findings of the current research; the internal oppressor (Alleyne, 2004), psychological colonisation (Kareem, 2000) and internalised oppression/racism (e.g. hooks, 1995; Lorde, 1984). Alleyne (2004) offers a model for healing which exhorts the importance of individuation from the white coloniser within black peoples' psyches, which she contends are culturally enmeshed with our historic past. However, I believe that the need to take a culturally sensitive approach and acknowledge the pluralistic nature of African cultures which is closely linked to family and community, necessarily needs to be extended to the psyche. Rather, I believe that the psyche could be regarded as a community of selves; the harmonious social interactions of its constituent parts a signifier of psychological health. This is in keeping with the holistic approach of the current research. Therefore, I believe that an awareness, acknowledgment, acceptance and integration of this part of the superego is vital to the healing process. Indeed, Landrine (1992) contends that in non-Western cultures the concept of the self does not exist in isolation but within the relationships and social interactions within which it is interpreted, the same could be considered in terms of intrapsychic relationships.

Furthermore, as traumatisation or the colonisation of a peoples' minds occurs over generations, it is unreasonable to expect that collective healing can take place in the lifetime of one individual. From this perspective, rather than being viewed as a dysfunction, IGTT can be regarded as part of a collective healing process; that not forgetting the wounds of the past is a way to "keep us alive with what is unbearable" (Alleyne, n.d.). This is in keeping with African cultures which tend to be more past-orientated. The continuity that exists in the oral story telling tradition, and sense that our ancestors are always present and able to communicate with the living, suggests a view of IGTT in which ancestors continue to communicate their pain in order to be healed. The considerable resilience of black people in the face slavery, colonisation, genocide, oppression and racism must also be borne in mind. Western-centric attitudes and practices may in fact contribute to the problem when the ineffectiveness of Western-orientated theories is considered resistance on the part of the client (Kareem, 2000). The different cultural beliefs and practices around healing including those grounded in spiritual/supernatural beliefs that have supported black people to maintain their resilience must necessarily be part of the healing process.

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Appendix 1. Recruitment Information

Title of project: Intergenerational transmission of trauma: a phenomenological study of Ugandans in the post Idi Amin period

I am a Counselling Psychology student at City University London researching the experiences of the adult children of Ugandans who lived through Idi Amin's regime. Did you or any member of your immediate family (parents or grandparents) live in Uganda during the time of Idi Amin's rule? Would you like to talk to me about what life was like in your household growing up with family members who experienced Idi Amin's regime?

Appendix 2. Interview Schedule

Introduction

I'm going to be interviewing you about your childhood experiences of growing up with parents/grandparents that lived through Idi Amin's regime in Uganda, and how those experiences may have affected you later in life. This interview may take between 45 minutes and up to an hour and a half.

1. **To help me to get a feel for your early family situation, tell me a bit about your family circumstances.**

   - How many members of your family are there?

   - Where do you come among your siblings?

   - Are your mother and father still alive? Are they still together or separated?

   - Did you spend much time with your grandparents?

2. **Starting from your earliest memories (from about 5 years old) tell me a bit about family life when you were growing up.**

   - What were your relationships like with your parents, grandparents, other siblings?

   - Who were you closest to in your family and why?

   - How did you see your parents relate to each other? Did they show affection towards each other?

3. **When did you/your family leave Uganda?**

   - Why did you/they leave?

4. **If you were separated from any family members, what was this like?**

5. **How and what did you hear about Idi Amin's regime?**

   - Was it talked about openly?

6. **How were your family personally affected by Idi Amin's rule and the aftermath?**

7. **If you had any questions about what was happening, who did you ask?**

   - How did they respond?

8. **How aware were you of your parent(s) feelings about what happened in Uganda during Idi Amin's regime?**

   - Did they talk openly about what happened?

9. **How did you see them cope with their feelings?**

   - Did you ever see/hear them upset?

   - Did they ever drink excessively?

   - Did they ever behave in a way that you didn't understand as a child?

   - Did their behaviour ever make you feel worried or anxious?

10. When you were upset as a child, what would you do?

11. What was the normal way you were disciplined as a child? Did it ever feel threatening when your parents disciplined you?

12. Did you ever feel rejected as a child?

- Did you ever feel pushed away or ignored?

13. **Did you experience the loss of a parent or other close loved one while you were a young child--for example, a sibling, or a close family member?**

- Could you tell me about the circumstances, and how old you were at the time?

- How did you respond at the time?

- Was this death sudden or was it expected?

- Can you recall your feelings at that time?

- Have your feelings regarding this death changed much over time?

- Did you attend the funeral, and what was this like for you?

- What would you say was the effect on your household, and how did this change over the years?

14. In general, how do you think that your childhood experiences have affected you in later adult life, if at all?

- Are there any aspects to your early experiences that you feel had a negative effect on your life?

- How do you think your early experiences have affected your relationships in general?

- How do you think they have affected your intimate relationships?

15. Looking back why do you think your parents behaved as they did during your childhood?

Appendix 3: Information sheet for participants

Project title: A phenomenological study of Ugandans in the post Idi Amin period

Thank you for agreeing to take part in this research project, your contribution is very valuable and completely voluntary. You are free to withdraw from this interview at any time without giving a reason for withdrawing and without being penalised or affected in any way.

The purpose of this research project is to explore what it was like for you growing up with a parent/s or grandparent/s that lived in Uganda before and/or after the Idi Amin regime. The aim is to understand your experiences as a child, how you perceive your development as a child and your later adult life and relationships.

- Participation in this project will mean answering questions in an interview about your relationship with your parents/grandparents, your childhood and what life is like for you now. The interview is expected to take around one hour but may take between 45 minutes to 1 hour 30 minutes. The interview will be recorded and used for research purposes only.

- You will be interviewed by a student at City University, in a room at City University London. You will be asked to make your own transportation arrangements and pay for travel to and from City University London

- You have been selected to participate because your parent/s and/or grandparent/s lived in Uganda during and/or after Idi Amin's rule

- You now live in the UK and speak fluent English

- You are between 18-55 years of age

- The interview may make you feel emotional; information will be provided of local sources of support should you experience any emotional distress

- Any information you provide is confidential, and no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation

- this information will be used only for research purpose(s)

- Your data will be archived and kept for 7 years after the end of the study.

Appendix 4. Participant Consent Form

To be completed by the participant.

- I have read the information sheet about this study

- I have had an opportunity to ask questions and discuss this study

- I have received satisfactory answers to all my questions

- I have received enough information about this study

- I understand that I am free to withdraw from this study:

    - At any time

    - Without giving a reason for withdrawing

    - Without being penalised or affected in any way

- I agree to take part in this study

Data Protection:

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. I agree to City University recording and processing this information. I understand that this information will be used only for research purpose(s) and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998. I understand that my data will be archived and kept for 7 years after the end of the study.

Signed (participant)	Date
Name in block letters	

Signed (researcher)	Date
Name in block letters	
This project is supervised by: Aylish O'Driscoll	
Researcher's contact details (including telephone number and e-mail address): Tel: ██████████ Email: ██████████████████	

Appendix 5. Example of a table of themes (Naima)

Table of Themes in Transcript 1 Superordinate themes are show in Italics with the subordinate themes below

Themes	Page/Line	Key Words
Father's masculine Identity		
Status/Value/Worth	1.8	affluent lifestyle
Being in charge/in control	1.9	business
Meting out justice	1.21	fair
As a protector	1.23	you asked for his help
In relationship with mother	21.569	balance
Fixity and Change		
Sense making as a process	1.24	That's how I'm seeing it in my maturity
Relationship to God	19.530	how can I deny God?
Destiny/Fate	20.544	He had a vision in the mosque
The Importance of Family		
Staying together as protection	10. 253	The family stayed together
Attunement	18.484	When you're attuned
Family before the needs of the individual	8.214	If I had done what I wanted
Absence and Loss		
Unexpressed feelings	5.120	they protected us
Death	22.610	this is my death
Psychological absence	20.563	breakdown
Trust	10.258	take support away from my father
Security	6.121	a child has to be secure
Humanity	11.148	I would not put my dog in the houses they've shown